



Five Hills
Health Region

Annual Report 2013-14

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Table of Contents

Letter of Transmittal	4
Introduction	5
RHA Overview	5
Alignment with Strategic Direction	16
Progress in 2013-2014	55
Management Report	64
Financial Overview	65
Audited Financial Statements	68
Payee List	102
Appendices	112
Organizational Chart	112
Community Advisory Network	113

The Five Hills Regional Health Authority Annual Report is located on the internet at:
www.fhhr.ca

June 13, 2014

Letter of Transmittal

Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

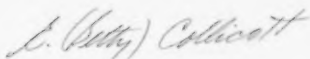
The Five Hills Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2013-2014 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2014.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic priorities of Better Health, Better Care, Better Teams and Better Value. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the Region had many successes, including:

- Construction Start Ceremony on April 29, 2013 with Premier Brad Wall announcing construction of a new regional hospital. Construction of the new hospital remains on budget and there has been significant progress on the build;
- Positive financial results for 2013-14, with a small surplus;
- Advancement of LEAN across our organization with 19 of our leaders completing Lean Leader Certification, 3 of those being physicians. 84% of employees have attended Kaizen Basics. 12 mistake proofing projects have also been undertaken, with 9 of them being complete;
- Advancement of our Safety Culture for our employees and patients with a 24% increase in the reporting of patient safety alerts; a 5% decrease in patient safety alerts categorized as Code 2-4 and a 3% decrease in patient safety alerts considered a serious event (Code 3 or 4).
- Increased focus on care for Seniors with advancing our Home First program and addressing initiatives in our long term care facilities to address quality of life of our residents, as well as staff and resident safety;
- Attainment of our surgical target for 2013-14 with no patient (who chooses) waiting longer than 3 months for surgery;
- Development of our Primary Health Care greenfield site with integration of mental health commencing in February 2014; and
- Reduction of wait times for Adult Mental Health and Addictions clients by more than 90%.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' significant efforts to ensure our communities have access to quality care.

Respectfully submitted,



Elizabeth (Betty) Collicott
Chairperson, Five Hills Regional Health Authority

Introduction

Five Hills Regional Health Authority (FHRHA) is continuously striving for *"healthy people and healthy communities"*. Our commitment is to work together with you to achieve your best possible care, experience and health.

This annual report presents the FHRHA's activities and results for the fiscal year ending March 31, 2014. It reports on public commitments made and other key accomplishments of the FHRHA. Results are provided on the publicly committed strategies, actions and performance measures as identified in the Ministry of Health's System Plan and FHRHA's Strategic Plan for 2013-14. The annual report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past successes for the benefit of the people in the Five Hills Health Region.

FHRHA has an accountability agreement with the Ministry of Health which sets out the Ministry's expectations of the Region for the funding it provides. It contains both high-level organizational expectations and program-specific expectations for regions. The accountability document also clarifies the Ministry of Health's organizational, program and service expectations of FHRHA. These expectations are complementary to those articulated in legislation, regulation, policy and directives subject to amendments and additions or deletions made by the Minister and Ministry of Health. The accountability agreement is based on the Ministry's health system plan.

Overview

Located in south-central Saskatchewan, the Five Hills Health Region (the "Region") serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border. There are 40 communities, 27 whole and 6 partial rural municipalities and 1 First Nation reserve located in the Region and they are served by more than 1,800 staff, over 60 physicians and approximately 1,800 volunteers.

FHRHA is responsible for a comprehensive range of health services in the areas of acute care (hospital), long term care, home care, mental health and addictions, public health, primary health care and ambulance. These services are provided throughout the Region among 13 facilities, 3 affiliated agencies and several Health Care Organizations (HCOs). Several private personal care homes throughout the Region support continuing care services.

The corporate office is located in Moose Jaw and regional services administrative support is highly centralized there. The Region has efficiently organized services for finance, payroll, information technology, occupational health and safety, staff development, quality improvement and risk management, privacy, communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.



Facilities and Primary Health Care (PHC) Teams



Acute Care

Moose Jaw Union Hospital (Regional Hospital)

Integrated Acute and Long Term Care

Assiniboia Union Hospital
St. Joseph's Hospital/Foyer d'Youville*

Long Term Care

Ross Payant Nursing Home
Pioneers Lodge
Providence Place*
Extendicare*

Integrated Long Term Care and Health Centres

Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Wellness Centres

Mossbank Wellness Centre
Willowbunch Wellness Centre
Kincaid Wellness Centre

Integrated Primary Health Care

Kliniek on Main, Moose Jaw
Crescent View Clinic, Moose Jaw

*Affiliate/Contracted Agency

Acute Care

Moose Jaw Union Hospital is a Tier I Regional Hospital with 100 inpatient beds which provides a range of secondary inpatient acute care services:

Satellite Dialysis
Anaesthesiology
Family Medicine
Internal Medicine
Orthopaedics
Paediatrics

Emergency Medicine
Obstetrics
Ophthalmology
Psychiatry
Urology
General Surgery

Gynaecology
Pathology
Radiology
Mental Health & Addictions

These services are supported by professionals in laboratory, diagnostic imaging, ultrasound, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy and central sterile supply.



Moose Jaw Union Hospital Statistics								
Unit	Patient Days		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2014	2013	2014	2013	2014	2013	2014	2013
Nursery	6	27	0.02	0.07	1.64	9.84	6.00	9.00
Intensive Care Unit	1,154	1,226	3.16	3.36	63.23	63.01	4.23	4.01
Women's Health	1,871	2,220	5.13	6.08	51.26	44.98	2.34	2.51
Paediatrics	1,678	2,234	4.60	6.12	45.97	61.45	3.09	2.98
Mental Health	3,179	3,717	8.71	10.18	72.58	95.18	17.18	17.62
Surgery	6,108	6,130	16.73	16.79	83.67	82.38	5.16	5.16
Medicine	10,636	12,707	29.14	34.81	97.13	104.93	7.49	7.68
Total Adult	24,632	28,261	67.49	77.41	73.89	83.27	5.59	5.65
Total Newborn	1,225	1,521	3.36	4.17	33.56	40.93	2.25	2.51
Total Adult and Newborn	25,857	29,782	70.85	81.58	69.91	79.42	5.22	5.32

The Assiniboia Union Hospital (16 beds) in Assiniboia and St. Joseph's Hospital/Foyer d'Youville (9 beds), in Gravelbourg are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, including designated respite and convalescent care.

Emergency/Outpatient Department Visits		
	2014	2013
Moose Jaw Union Hospital	31,721	33,340
Assiniboia Union Hospital	4,389	4,532
St. Joseph's Hospital*	5,137	5,490
Central Butte Regency Hospital	157	137

* affiliate

Acute Care Facilities								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2014	2013	2014	2013	2014	2013	2014	2013
Moose Jaw Union Hospital	24,632	28,261	67.49	77.41	73.89	83.27	5.59	5.65
Assiniboia Union Hospital	3,200	3,482	8.77	9.53	54.79	59.57	8.73	8.86
St. Joseph's Hospital*	2,129	2,023	5.83	5.54	65.21	61.58	4.50	4.50

*affiliate

Long Term Care Facilities						
	Resident Days		Average Daily Census		Percent Occupancy	
	2014	2013	2014	2013	2014	2013
Central Butte Regency Hospital	8,268	8,845	22.65	24.23	83.90	89.75
Assiniboia Union Hospital	7,946	7,941	21.77	21.76	98.95	98.89
Craik and District Health Centre	5,730	5,750	15.7	15.75	87.21	87.52
Ross Payant Nursing Home	13,110	13,750	35.92	37.67	94.52	99.13
Lafleche Health Centre	5,572	5,724	15.27	15.68	95.41	98.01
Grasslands Health Centre	5,610	5,773	15.37	15.82	90.41	93.04
Extendicare*	43,800	43,800	120	120	96.00	96.00
Pioneers Housing	25,545	25,913	69.99	70.99	94.58	95.94
St. Joseph's Hospital*	16,593	17,048	45.46	46.71	90.92	93.41
Providence Place*	62,252	62,421	170.55	171.02	98.02	98.29

*affiliate/contracted agency

Home Care/Continuing Care

Continuing Care services are generally provided to a population of elderly persons over the age of 75 years. The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition, convalescent, respite, palliative, and podiatry.

Institutional care is available to over 530 long term care residents. In addition the Region offers geriatric assessment and rehabilitation (14 beds), transition (18 beds) as well as designated respite and convalescent beds. The majority of institutional long term care support (65%) is provided by affiliate and contracted organizations, Providence Place in Moose Jaw, St. Joseph Hospital/Foyer D'Youville in Gravelbourg, and Extendicare in Moose Jaw. The Region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, and Moose Jaw. Community-based clients are further supported with adult day programs located at Providence Place, Central Butte, Assiniboia, and Gravelbourg.

The Five Hills Access Centre (FHAC) (<http://www.fhhr.ca/AccessCentre.htm>) provides continuing care services through a single point of entry. All referrals for continuing care services in the Region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence are managed through the Access Centre. Our primary focus is client-centered Assessment and Case Management services. FHAC is also responsible for Discharge Planning services out of Moose Jaw Union Hospital and coordination of admissions/discharges to Transition and Long Term Care beds throughout the Region. The primary focus is client-centered Assessment and Case Management services.

On October 1, 2013, the Honourable Dustin Duncan, Minister of Health, announced the Urgent Issues Action Fund support for Long Term Care. The allocation for the Region is intended to enable FHRHA to address the most urgent quality of care concerns identified in the Region. The funding will be used for replacement of tubs in long term care facilities as well as ceiling track lifts within the Region to enable greater comfort in meeting care needs and safe, comfortable transfers of the residents of long term care. In addition, funding will be used for Lean initiatives in long term care to increase the direct care time provided to our residents.

Mental Health and Addictions

Mental Health and Addictions Services provide acute inpatient mental health and outpatient mental health and addictions care for children, youth and adults in Moose Jaw. Satellite outpatient clinics are held in Assiniboia and Lafleche.

The Thunder Creek Rehabilitation Association provides residential services, community supports and prevocational programs for adults experiencing severe mental illness.

The health Region provides a wide range of treatment options for adolescents and adults with addictions related issues. Wakamow Manor, operated by Thunder Creek Rehabilitation Association, provides a 20-bed detoxification centre for individuals over the age of 16 who are seeking assistance to withdraw from alcohol and or other drugs. The centre provides two transition beds for clients who are waiting for Residential Addictions Treatment. Riverside Mission and Hope Inn provides residential services for those individuals in recovery from a substance related disorder.

Mental Health promotion and education programs and programs for prevention of substance abuse are available for the public and human services professionals. The Canadian Mental Health Association also provides mental health promotion, public education and prevention information and literature on mental health and mental illness

All outpatient services and programs may be accessed through Mental Health & Addictions Centralized Intake (<http://www.fhhr.ca/addictions.htm>) program. Centralized Intake responds to all initial requests for mental health and addictions information or services from individuals, family physicians, family members or community agency members.

Public Health Services

Public Health Services (PHS) focuses on prevention, health protection, and population health promotion. Under the leadership of the Public Health Director and Medical Health Officer, PHS provides a range of services, programs, and functions, including:

- public health nursing
- public health inspection
- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Teen Wellness Clinic
- Parent Mentoring Program
- Needle Exchange Program (NEP)
- Ongoing communications with media outlets

Prevention

Prevention of disease is the best way to reduce wait times and alleviate pressures on hospitals. Some of the work done on prevention over the past year includes:

➤ *Supports to Pregnant and Parenting Families*

- Continuation of services to support the development of healthy families, and include prenatal services, postnatal visits in homes, and follow up for specific concerns and challenges.
- Enhancement of specialized programming for parents requiring extra prenatal support.

➤ *Immunization Programs*

- Parents have been better informed of the need to book baby's first immunization appointment to ensure rotavirus vaccine can be administered, and to prevent hospital admissions due to the virus.
- Implementation of strategies to understand barriers to immunization and serve families whose children are not immunized or under immunized.

➤ *Reduction of Sexually Transmitted Infection (STIs)*

- Work continues to reduce the occurrence of STIs in keeping with the strategic priority of the Province.
- In 2013 saw the development of a standardized screening/treatment tool for use in the Region.

- Testing rates rose over the year and the percentage of positive STIs is trending downwards.
- The Teen Wellness Clinic continues to support teens by providing confidential, timely and relevant service.

Protection

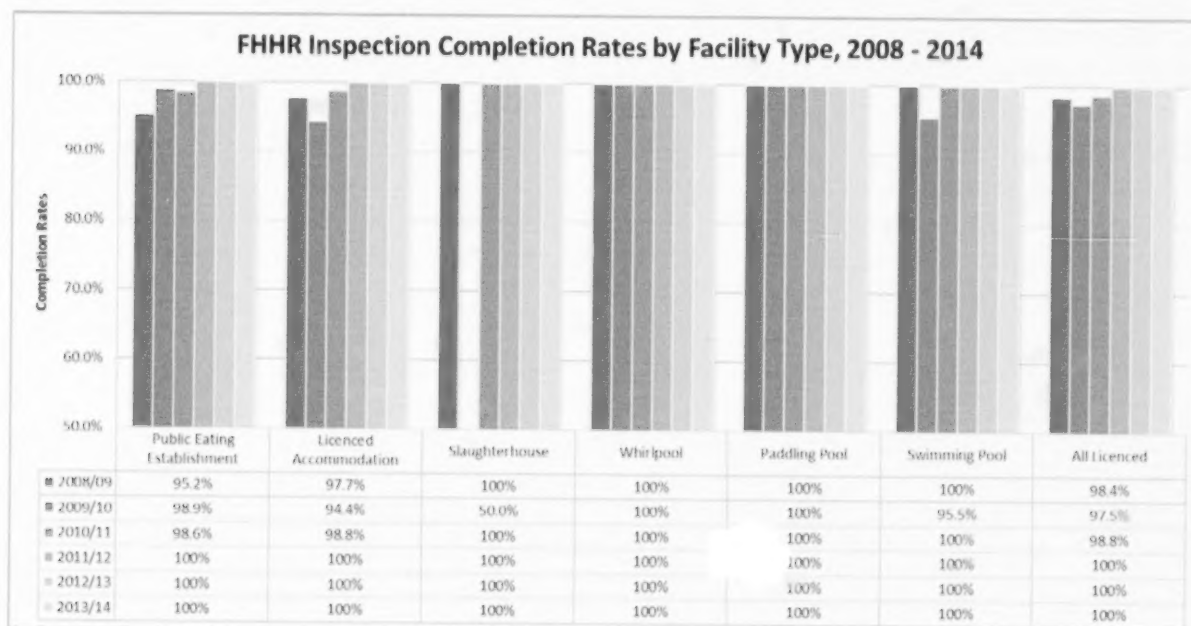
Public Health Services staff is always available to ensure the public is protected in cases of outbreaks and emergencies:

➤ *Emergency Response*

- Mass immunizations were provided for flu, and extra clinics added to meet public demand for the vaccine late in the season.
- Rapid response to diseases such as measles, meningitis and Hepatitis A were managed with the assistance of the public and our local media partners.

➤ *Public Health Inspections*

- Public Health Inspectors in Saskatchewan oversee a number of program areas designed to protect the health of the public. Service delivery is achieved primarily through routine, follow up, demand, complaint and emergency response inspections.
- Implementation of an electronic data management system and various Lean methodologies has resulted in 100% completion rates for all licensed facilities as shown below:



Promotion

Health Promotion endeavors focus largely on supporting the population within the Region. This has included various projects over the past year:

➤ *2013/2014 Dental Screening*

- Every 5 years the Ministry of Health assesses the oral health of children in Saskatchewan. This is done through dental screenings for grade 1 and 7 students. The results of the screenings are used to identify schools at risk and implement the appropriate dental health promotion programs in the schools.

➤ *Dental Sealant and Fluoride Varnish Programs*

- The Dental Health Promotion team has been visiting selected schools and screening children in grades 1, 2, 7 and 8 for the appropriateness of a protective sealant being applied to the chewing surface of permanent molars to help prevent tooth decay and to apply fluoride varnish.
- Members of the team have also been visiting schools and preschools to apply fluoride varnish on children's teeth to help reduce the incidence and severity of tooth decay.
- Referrals for early screening and fluoride varnish applications are also offered to infants and children attending Child Health Clinics.

➤ *Schools InMotion*

- FHHR students/schools have been challenged to engage in physical activity at school to promote good health and better learning.
- The target is at least 20 minutes each day of moderate to vigorous physical activity (outside of the regular physical education classes).
- As a result of the program an average of at least 13 minutes of daily physical activity in the classroom was reported by over 3900 FHHR students.

➤ *Healthy Weights*

- A provincial project focusing on healthy weight in children was completed in 2014. Children at four years of age were weighed in Child Health Clinic appointments and showed 75% of male and 70% of female children were at healthy weights in Five Hills Health Region in 2013.
 - This information will aid in program/strategy development over the next number of years.

➤ *Food Security*

- With leadership from the Public Health Nutritionist, an interagency committee called the South Central Food Network (SCFN) have been assessing, planning, and implementing goals and objectives to improve access to safe, healthy food for all people in the Region. This has included:
 - start-up of social media tools to communicate and build awareness within the community,
 - expansion of Community Kitchens targeted to vulnerable groups,
 - collection of contact information of local food producers as a means of connecting them to local consumers to strengthen our local food system.

Ambulance Services

Emergency Medical Services (EMS) are provided under contract to the Five Hills Health Region by Moose Jaw and District EMS, Hutch Ambulance Services and St. Joseph's Hospital.



Health Care Organizations (HCOs)

The Region either directly delivers health services through its staff, or contracts with other agencies for the provision of services. These contracted agencies are referred to as HCOs and include all private sector, community-based and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. HCOs are accountable through and to the Five Hills Health Region. Contracts are with the following HCOs and private providers to deliver health services:

Canadian Mental Health Association provides community education and awareness of mental illness.

Extendicare operates a 125-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and 9-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness.

Wakamow Manor operates a 20 bed (plus 2 transitional beds) social detox centre for drugs and alcohol.



Governance

Five Hills Health Region is governed by a 10-member Five Hills Regional Health Authority (FHRHA), appointed by the Lieutenant Governor in Council and accountable to the Minister of Health. The members of the FHRHA, also referred to as the Board, represent a mixture of rural and urban backgrounds. The members are:

Elizabeth (Betty) Collicott, Chairperson	Moose Jaw
Donald Shanner, Vice Chairperson	Moose Jaw
Grant Berger	Central Butte
Janet Day	Avonlea
Alvin Klassen	Central Butte
Tracey Kuffner	Glentworth
Brian Martynook	Moose Jaw
Cecilia Mulhern	Meyronne
George Reaves	Gravelbourg
Vacant	

The roles and responsibilities of the FHRHA are set out in *The Regional Health Services Act* and in their General Bylaws. The Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides throughout the Region, namely:

- Strategic planning;
- Fiscal management and reporting;
- Relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and
- Monitoring, management and performance of the Authority and Chief Executive Officer.

The FHRHA Planning Committee (a committee of the whole) carries out the functions of Audit, Finance, Human Resources, Quality, Safety, Risk, Strategic Planning and other functions as may be required by the Board. The Planning Committee is supported by the Executive Committee whose membership consists of the Chairperson, Vice Chairperson and one other Board member. The Authority also utilizes ad hoc committees as necessary (i.e. HR Committee) whose membership will consist of Board Members, the Chief Executive Officer and members of the Senior Leadership Team as required.

Community Advisory Networks

The Regional Health Services Act, Section 28 states:

28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.

(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.

(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix B provides a listing of organizations with whom the Region interacts.

Alignment with Strategic Direction

Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Vision

Healthy People – Healthy Communities

Values

Respect, Accountability, Engagement, Excellence, Transparency

The 2013-2014 fiscal year marked the second full year for the province and the health regions using *Hoshin Kanri* (strategy deployment) to determine strategic priorities and how the desired results will be achieved.

During this process, healthcare system leaders (including representatives from the Ministry of Health, Regional Health Authorities, Saskatchewan Cancer Agency, Health Quality Council and the Saskatchewan Medical Association) from across the Province used their pre-existing, enduring strategies which focus on making improvements to the health system. These four enduring strategies are **Better Health**, **Better Care**, **Better Value** and **Better Teams**.

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

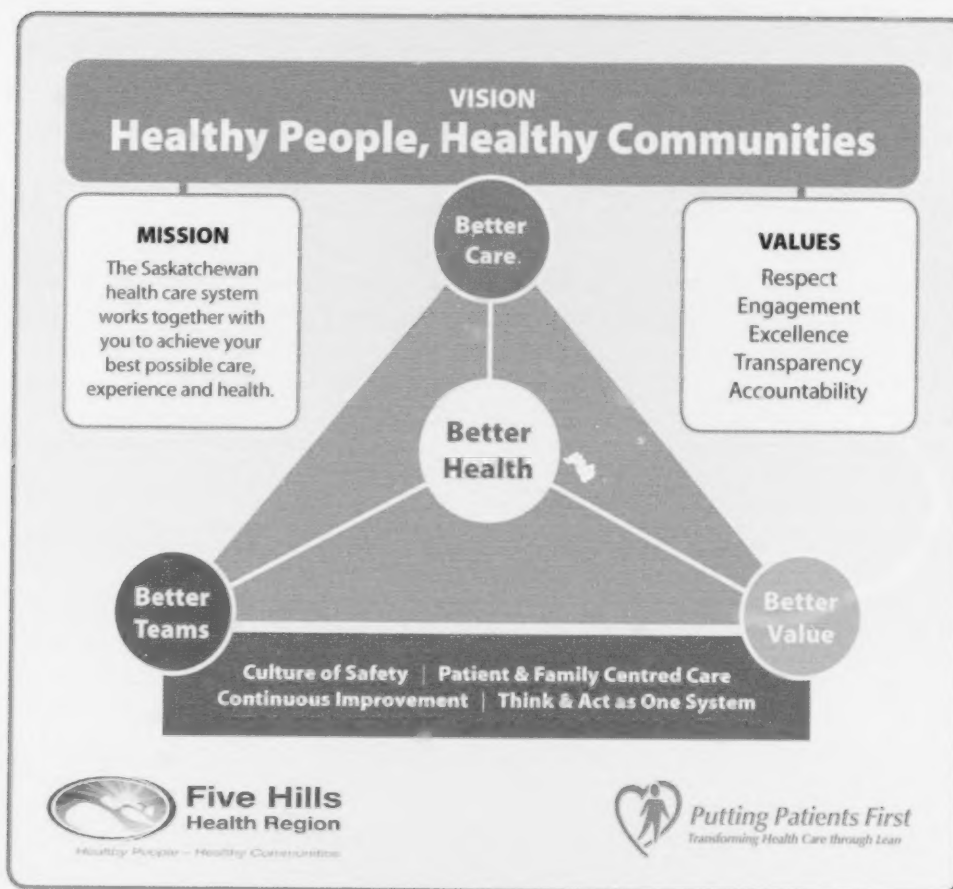
In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.



Following the development of these four enduring strategies, healthcare system leaders identified the five areas in which they wanted to see breakthrough improvement throughout 2013-14. These are:

- Transform the patient experience through Sooner, Safer, Smarter surgical care;
- Strengthen patient-centred primary health care;
- Deploy a continuous improvement system;
- Focus on patient and staff safety; and
- Identify and provide services collectively through a shared services organization.

In turn, health region leaders from within FHHR took the enduring strategies and breakthrough initiatives back to the directors and staff, where they then developed improvement projects that would ultimately assist in achieving the health system goals of the Province. Five Hills Health Region's strategic plan, in aligning with the Ministry of Health's System Plan, outlines a vision for improving access to a health system that provides **Better Health, Better Care, Better Value** and **Better Teams** for our residents. In addition to this alignment with the "Betters", FHRHA created four service lines that in turn, align with the five metrics of Quality, Cost, Delivery, Safety and Morale (QCDSM). In the following pages you will find an outline of the Region's service lines, an explanation of the QCDSM metrics and the Region's subsequent improvement projects and their results.



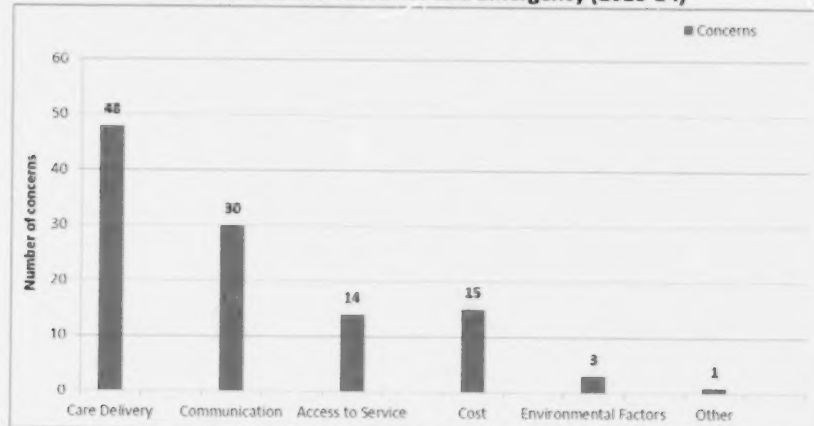
Service Line – Acute and Emergency

Quality

Service Line Goals

By March 31, 2014, zero patient/family concerns are received.

Concerns Received in Acute and Emergency (2013-14)



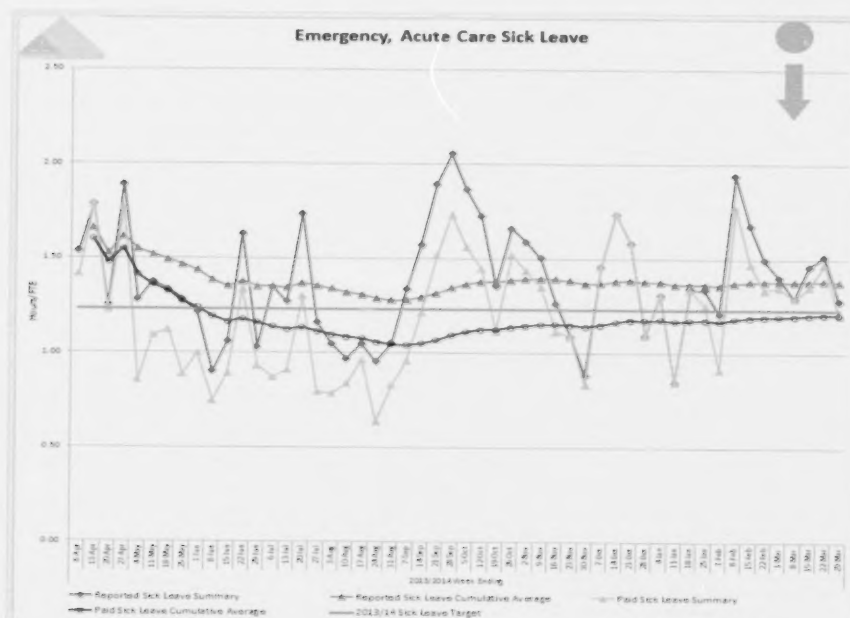
Cost

Health System Five Year Outcome

By March 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

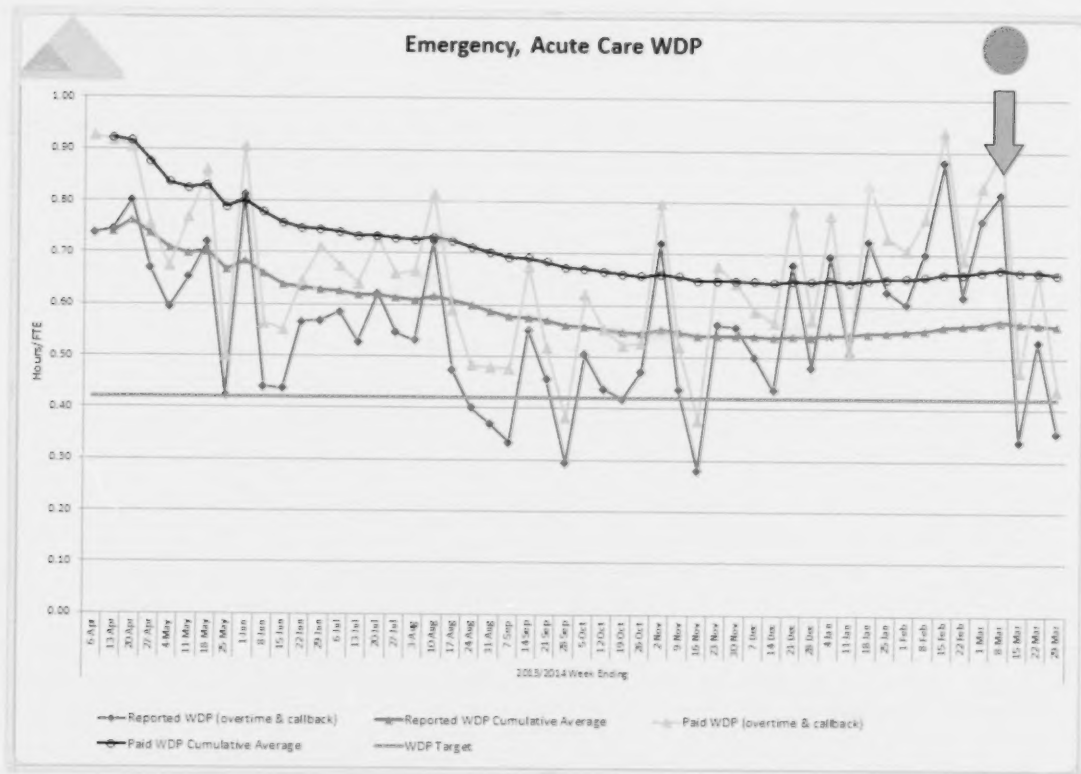
Service Line Goals

By March 31, 2014 sick time and wage driven premium (WDP) is below the Regional target.



Service Line – Acute and Emergency

Cost



Delivery

Health System Five Year Outcome

By March 2017, all people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist and diagnostics) as defined by the improvement targets.

By March 2017, no patient will wait for care in the Emergency Department (ED).

Health System Five Year Improvement Targets

By March 2017, there will be a 50% decrease in wait time for appropriate referral from primary care provider to specialist or diagnostics.

By March 2015, decrease by 50% the wait times in the ED.

Service Line Goals

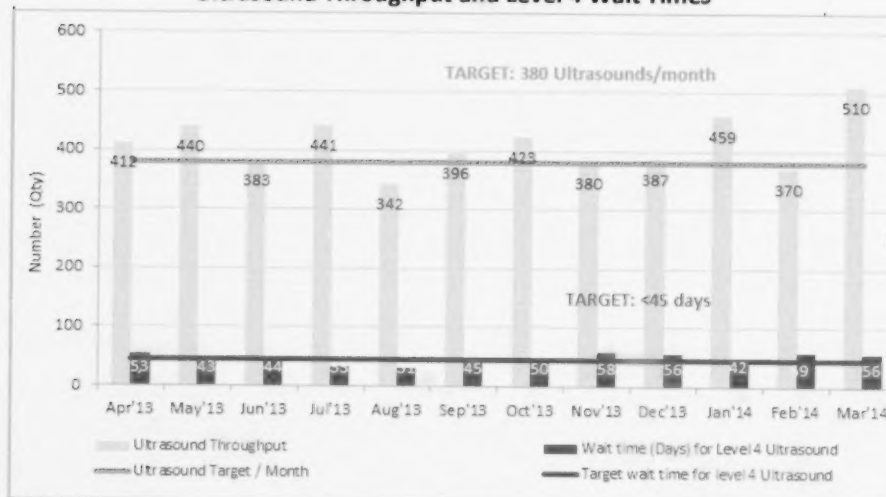
By March 31, 2014, there will be a 50% reduction in lead time for ultrasounds by March 31, 2014.

By March 31, 2014, meet Canadian Triage and Acuity Scale (CTAS) guidelines for time waiting for emergency care.

Service Line – Acute and Emergency

Delivery

Ultrasound Throughput and Level 4 Wait Times



Service Line – Acute and Emergency

Safety

Health System Five Year Outcome

By March 2017, establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

Health System Five Year Improvement Targets

By March 2017, there will be zero patients who experience a medication defect.

By March 2017, there will be zero workplace injuries.

Service Line Goals

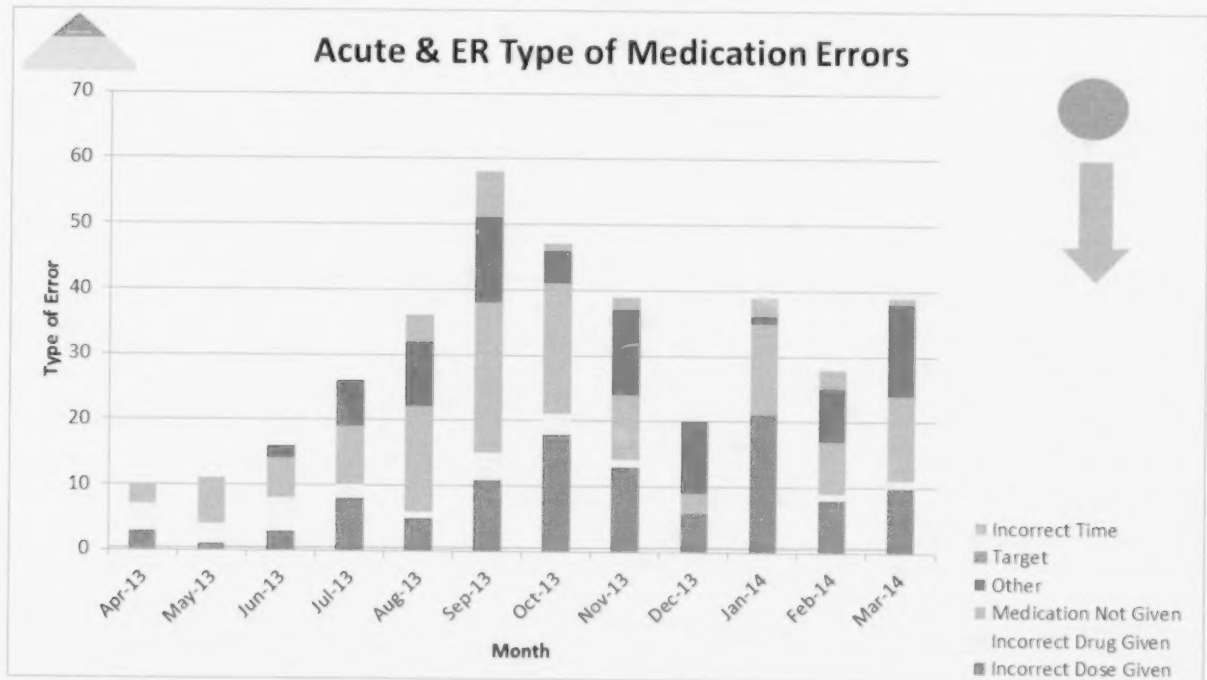
By March 31, 2017, there will be a 50% reduction in medication defects.

By March 31, 2014, medication reconciliation complete in 100% of cases.

By March 31, 2014, there will be zero HAI (Hospital-Acquired Infection) C. Difficile (Clostridium Difficile) cases on medical unit.

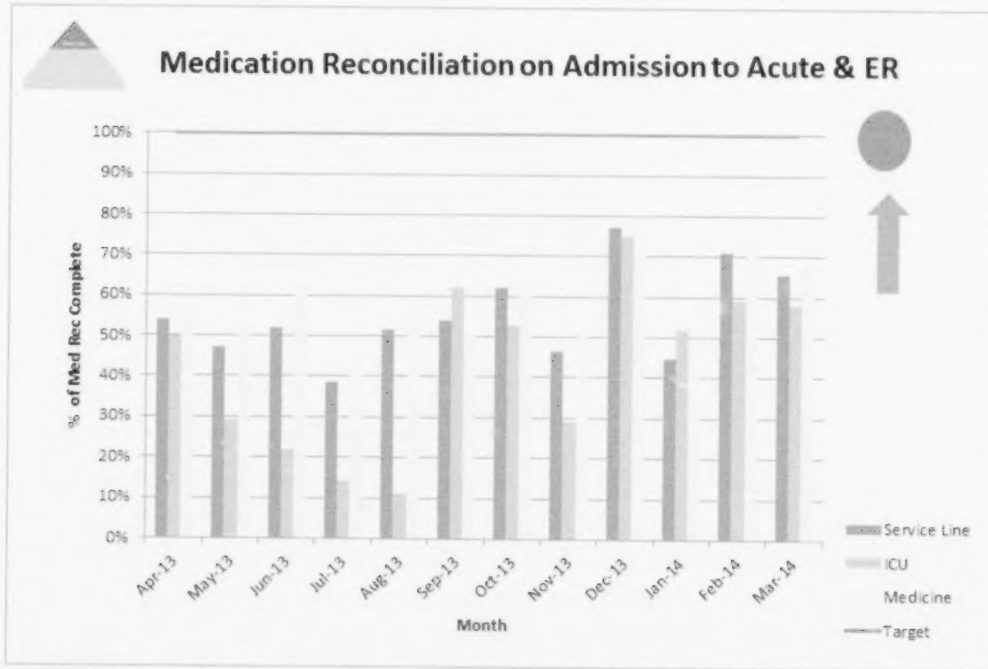
By March 31, 2014, there will be zero code 3 or 4 occurrences (has the potential to cause preventable harm or death OR did cause actual harm or death to a patient).

By March 31, 2014, there will be zero workplace injuries.

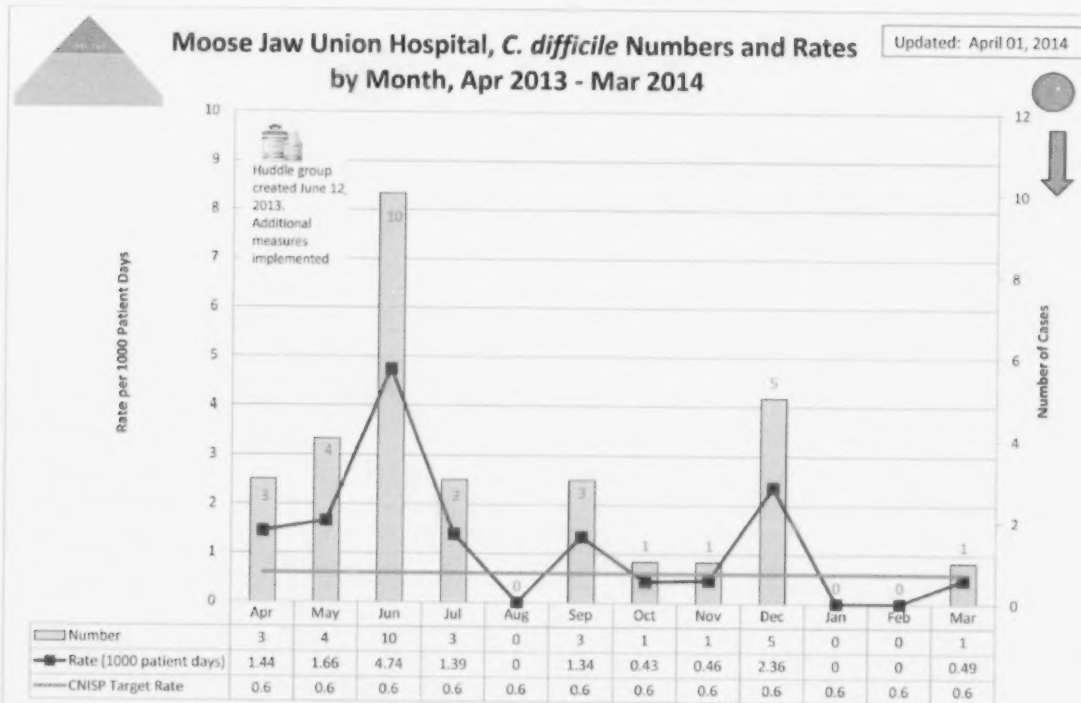


Service Line – Acute and Emergency

Safety

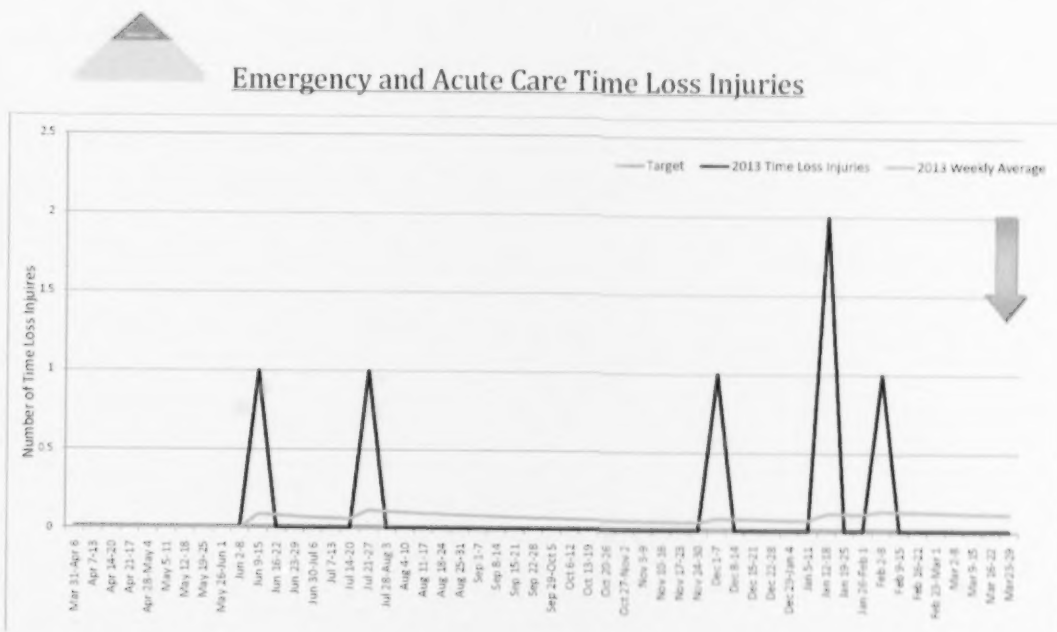
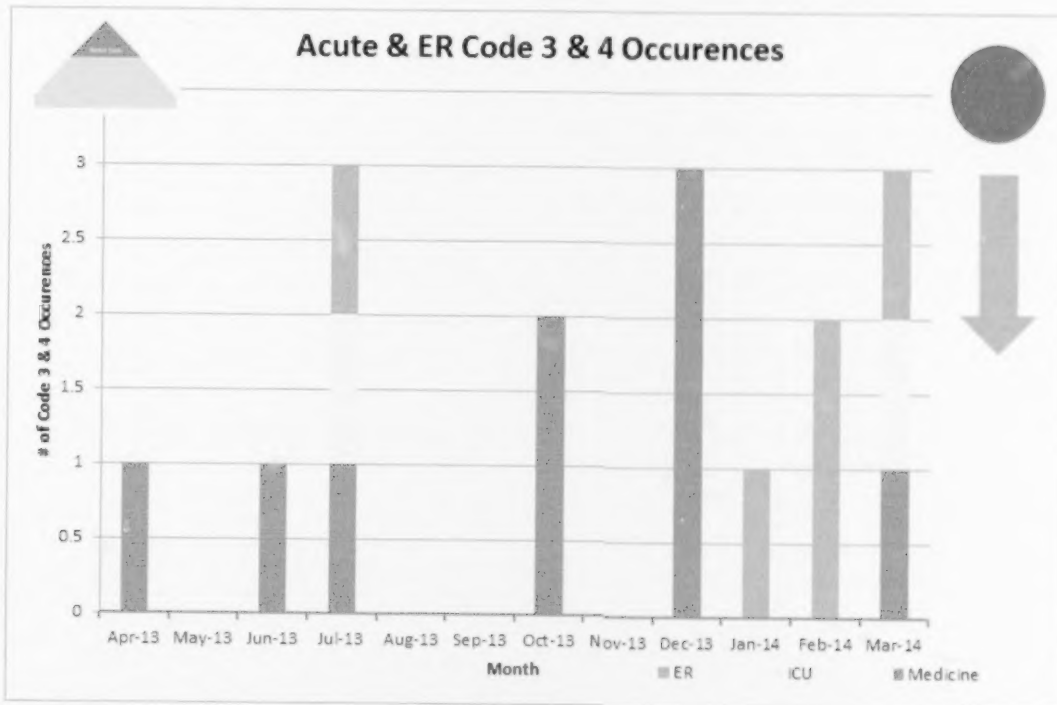


*ER – Emergency Room



Service Line – Acute and Emergency

Safety

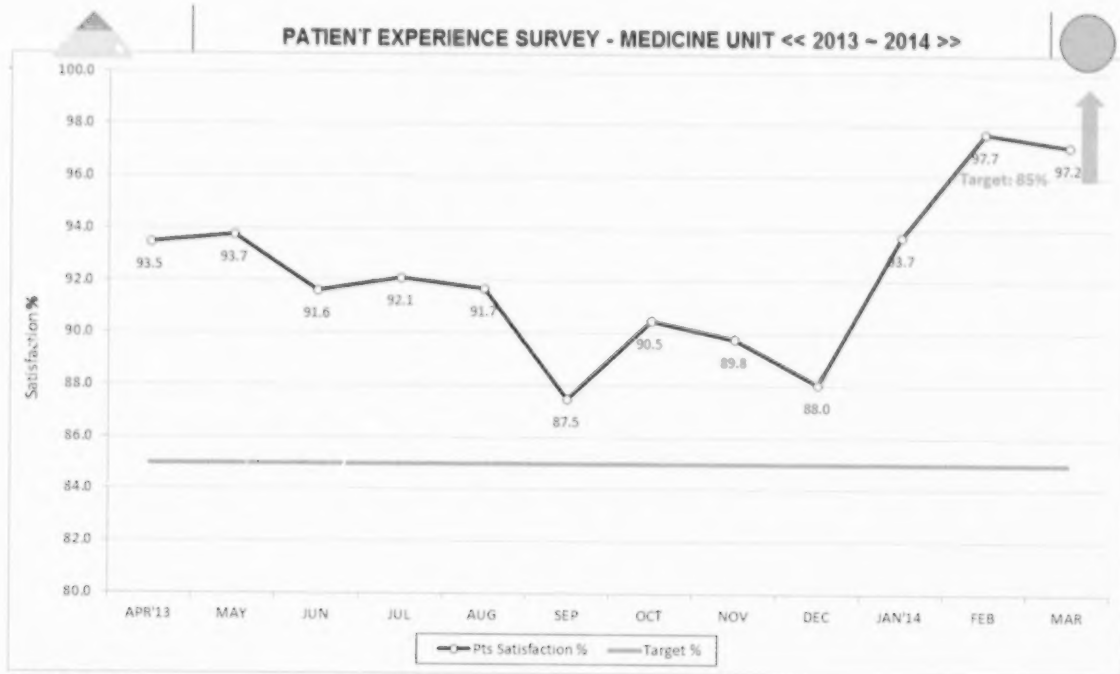


Service Line – Acute and Emergency

Morale

Service Line Goals

By March, 2014 there will be a 50% improvement in patient satisfaction using the Patient Experience Survey on the Medical Unit.



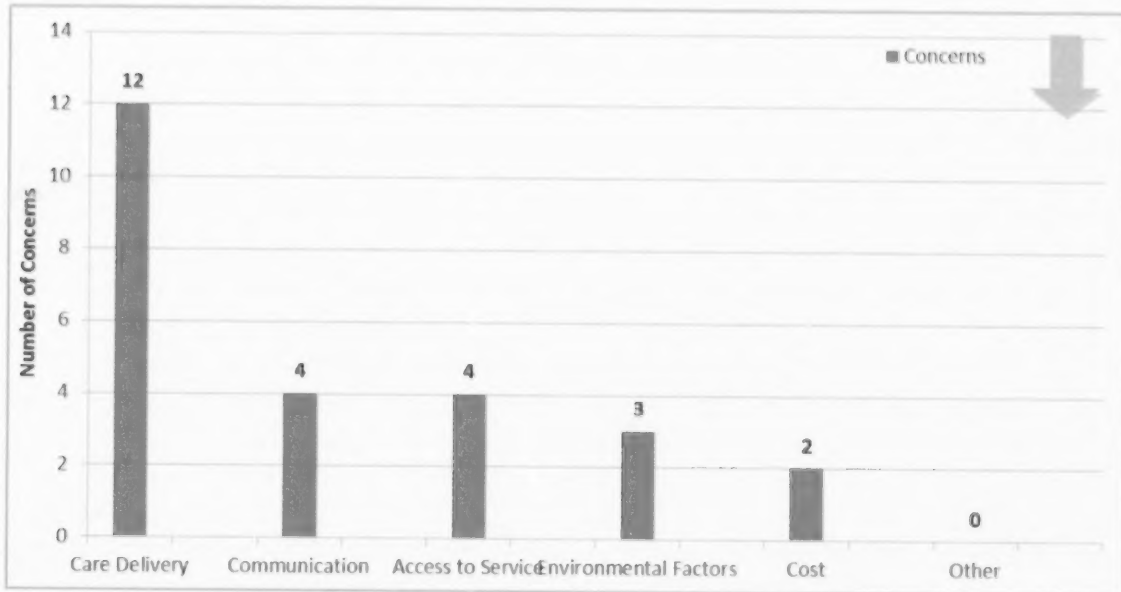
Service Line – Surgical Services

Quality

Service Line Goals

By March 31, 2014, zero patient/family concerns are received.

Concerns Received in Surgical Services (2013-14)



Cost

Health System Five Year Outcome

By March 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

Service Line Goals

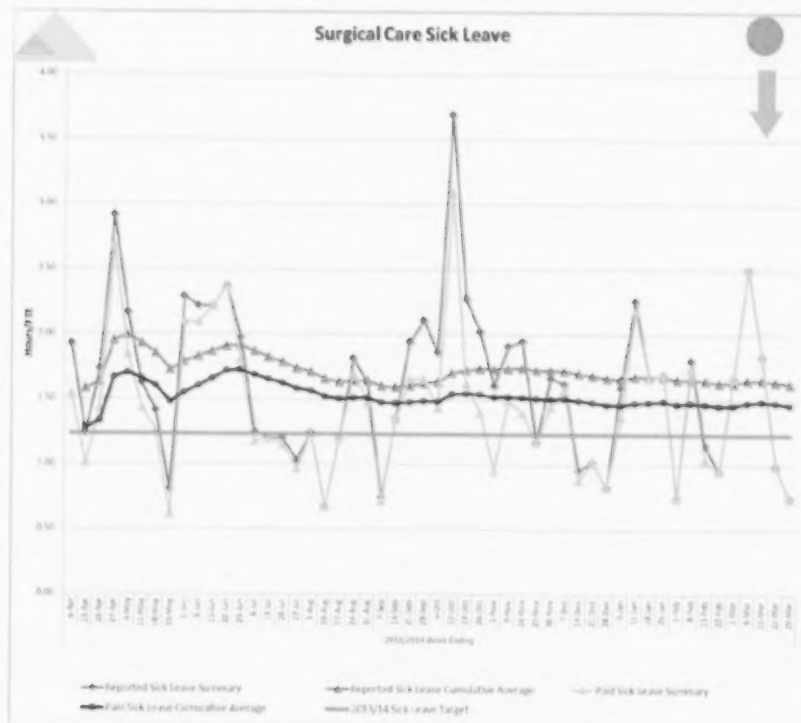
By March 31, 2014, sick time and wage driven premium (WDP) are below the Regional target.

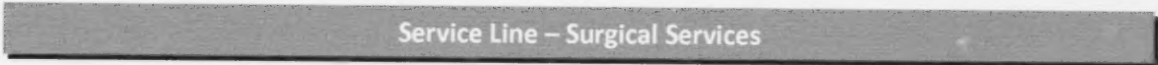
By March 31, 2014, Operating Room (OR) utilization will be 90%.

By March 31, 2014, 4,182 surgeries will be performed at Moose Jaw Union Hospital.

Service Line – Surgical Services

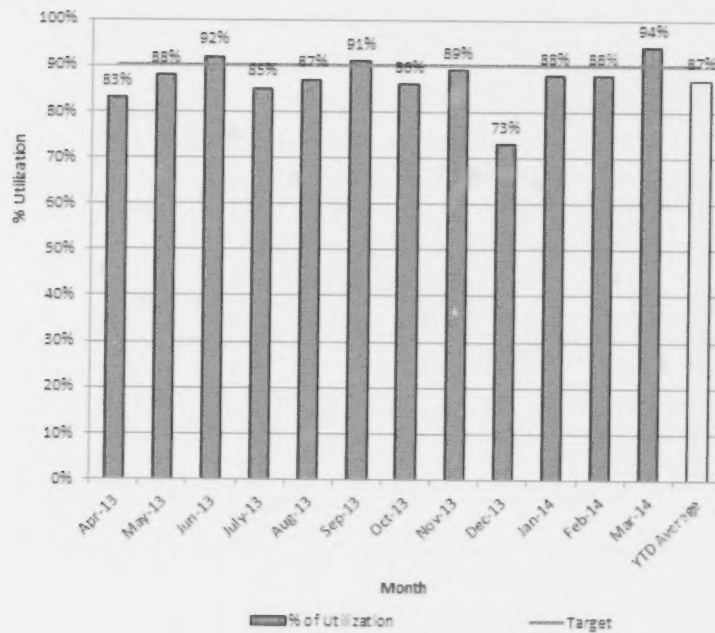
Cost



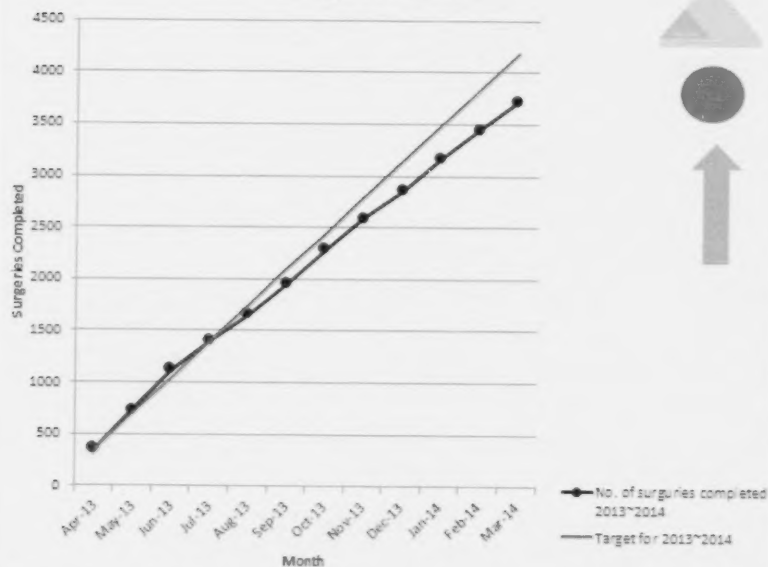


28

OR Utilization



Surgical Volumes



Service Line – Surgical Services

Delivery

Health System Five Year Outcome

By March 2017, all people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist and diagnostics) as defined by the improvement targets.

Health System Five Year Improvement Targets

By March 2014, all patients have the option to receive necessary surgery within three months.

By March 2015, all cancer surgeries or treatments are done within consensus timeframe from the time of suspicion or diagnosis of cancer.

Service Line Goals

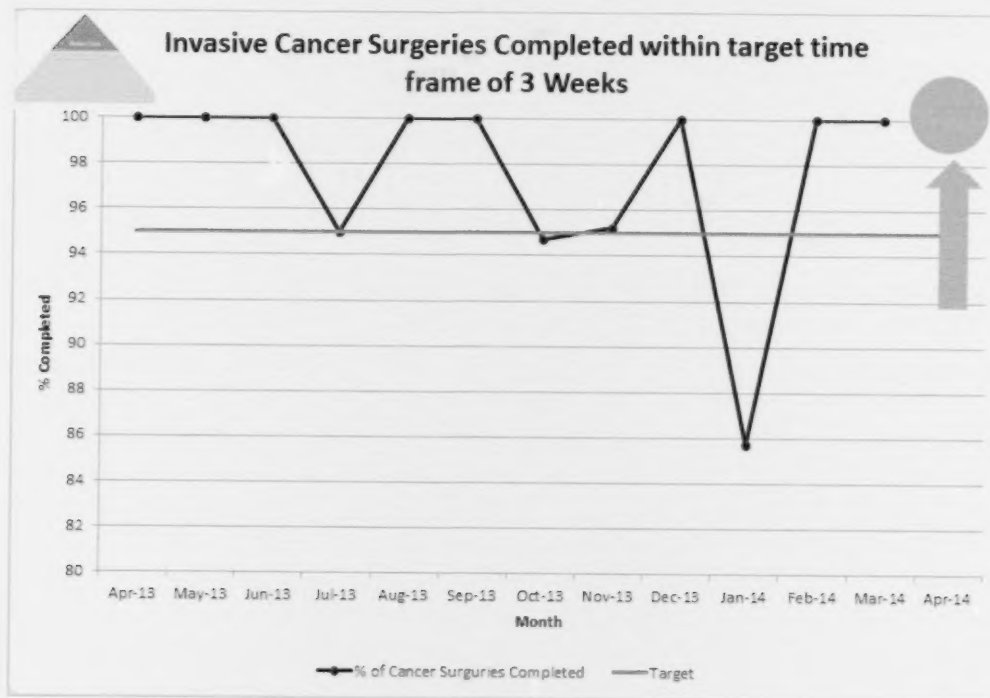
By March 31, 2014, zero patients will wait longer than three months for surgery, unless by their choice.

By March 31, 2014, 100% of cancer patients have surgery performed within three weeks.



Service Line – Surgical Services

Delivery



Safety

Health System Five Year Outcome

By March 2017, establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

Health System Five Year Improvement Targets

By March 2017, there will be zero patients who experience a medication defect.

By March 2017, there will be zero patients who experience a preventable surgical site infection (SSI) from clean surgeries.

By March 2017, there will be zero workplace injuries.

Service Line Goals

By March 31, 2014, there will be 100% compliance with Surgical Safety Checklist.

By March 31, 2017, there will be a 50% reduction in medication defects.

By March 31, 2014, medication reconciliation complete in 100% of cases.

By March 31, 2014, there will be zero Surgical Site Infections

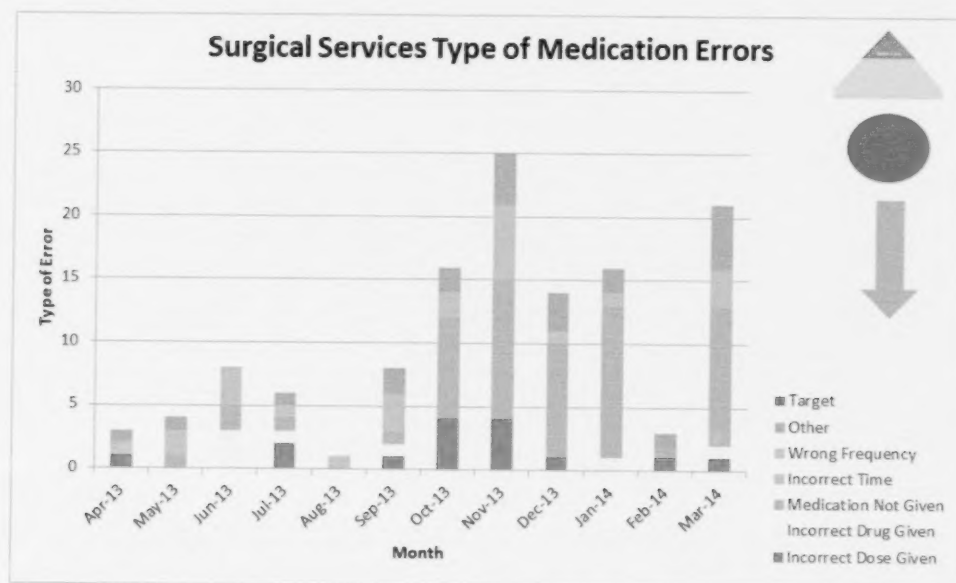
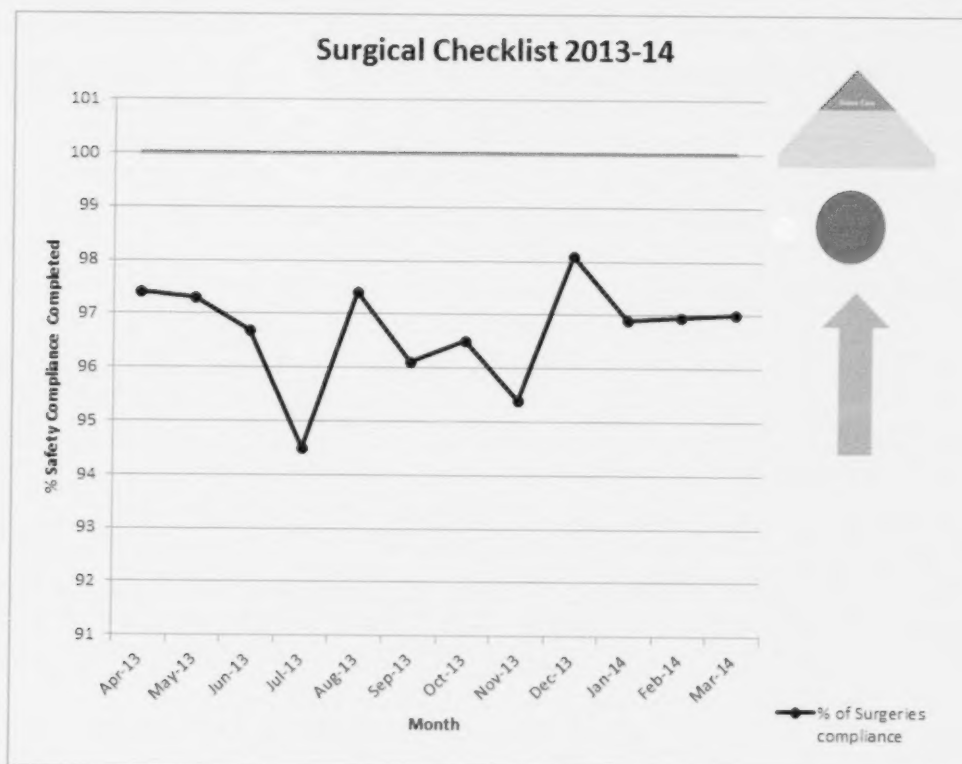
By March 31, 2014, there will be 100% compliance with AB Prophylaxis protocol.

By March 31, 2014, there will be zero code 3 or 4 occurrences.

By March 31, 2014, there will be zero workplace injuries.'

Service Line – Surgical Services

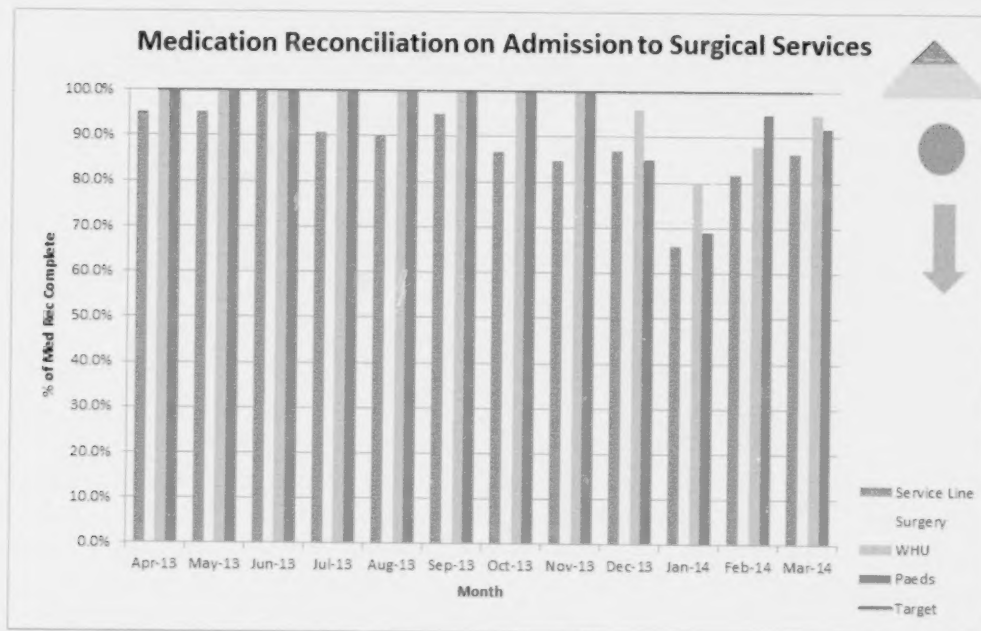
Safety



Service Line – Surgical Services

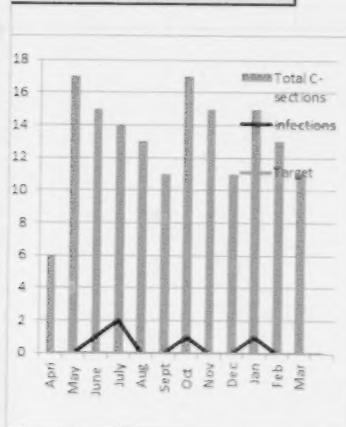
Safety

Medication Reconciliation on Admission to Surgical Services

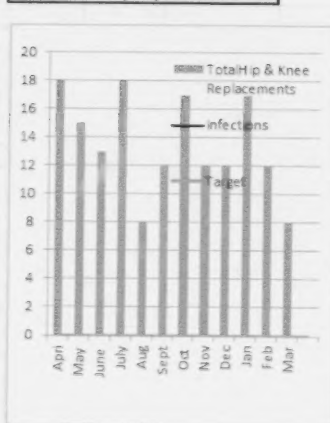


Surgical Site Infections

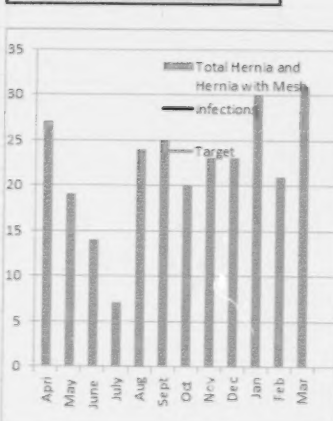
C - Sections



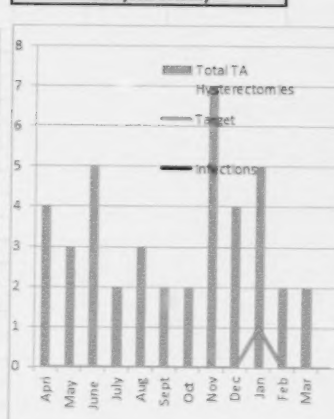
knee & Hip Replacements



Hernia & Hernia with Mesh



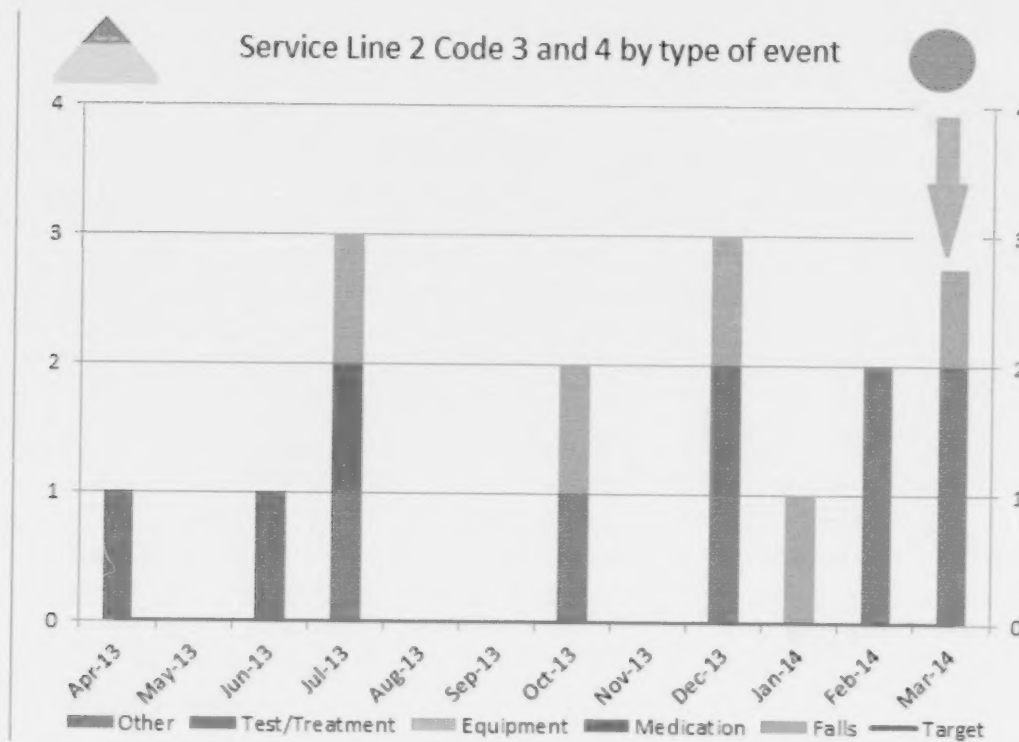
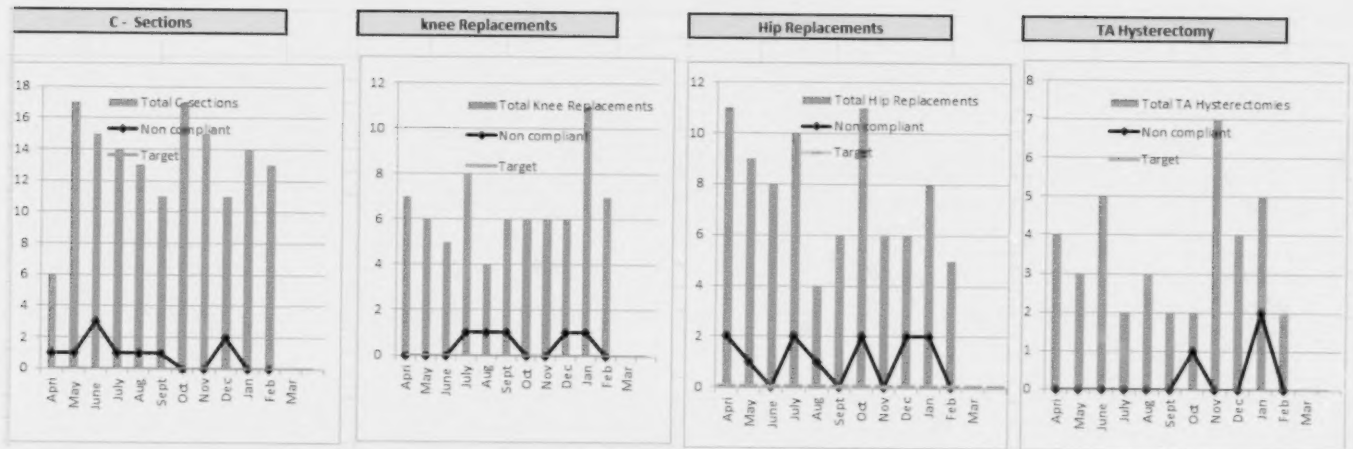
TA Hysterectomy



Service Line – Surgical Services

Safety

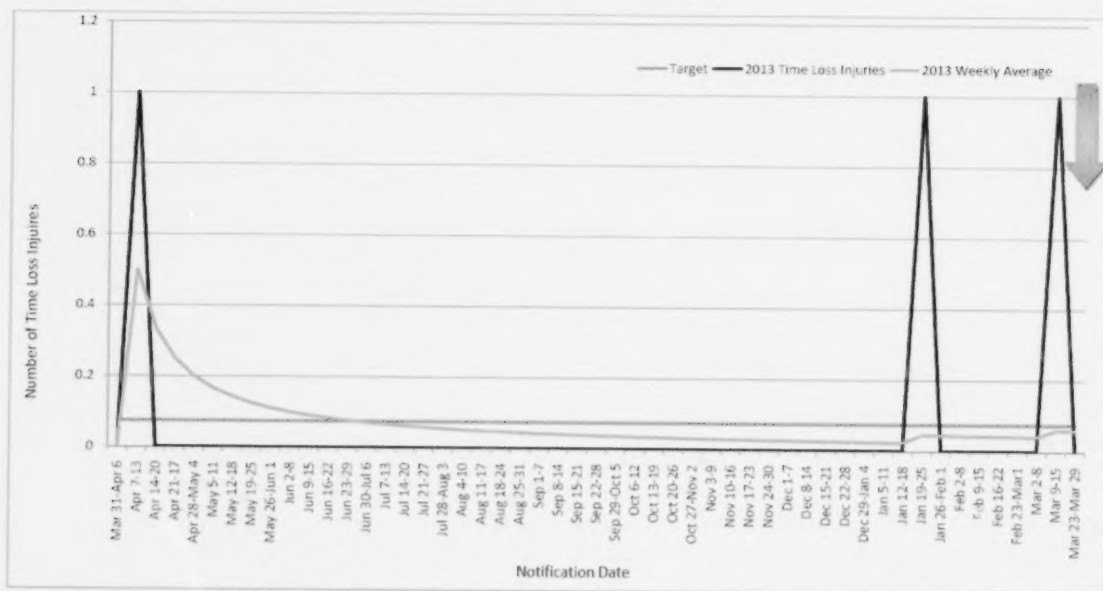
Antibiotic Prophylaxis Compliance



Service Line – Surgical Services

Safety

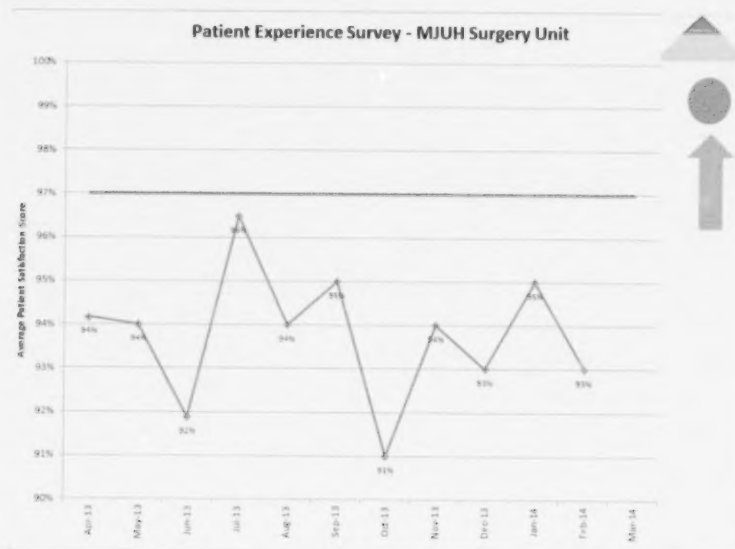
Surgical Services Time Loss Injuries



Morale

Service Line Goals

By March, 2014 there will be a 50% improvement in patient satisfaction using the Patient Experience Survey.



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Quality

Health System Five Year Outcome

By March 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure and Asthma).

By March 2017, at risk populations (all age groups) will achieve better health through access to evidence-based interventions, services and/or supports.

Health System Five Year Improvement Targets

By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, Coronary Artery Disease [CAD], Coronary Obstructive Pulmonary Disease [COPD], Depression, Congestive Heart Failure and Asthma).

By 2017, there will be a 50% improvement in number of people surveyed who say "I can see my primary healthcare team on my day of choice either in person, on the phone, or via other technology".

By March 2017, reduce by 50% individual readmissions within 30 days (mental health inpatient and acute care units).

Service Line Goals

By March 31, 2014, increase chronic disease management follow up appointments for Nurse Practitioners; less acute episodic visits per day.

By March 31, 2014, customers are 100% satisfied with services they received.

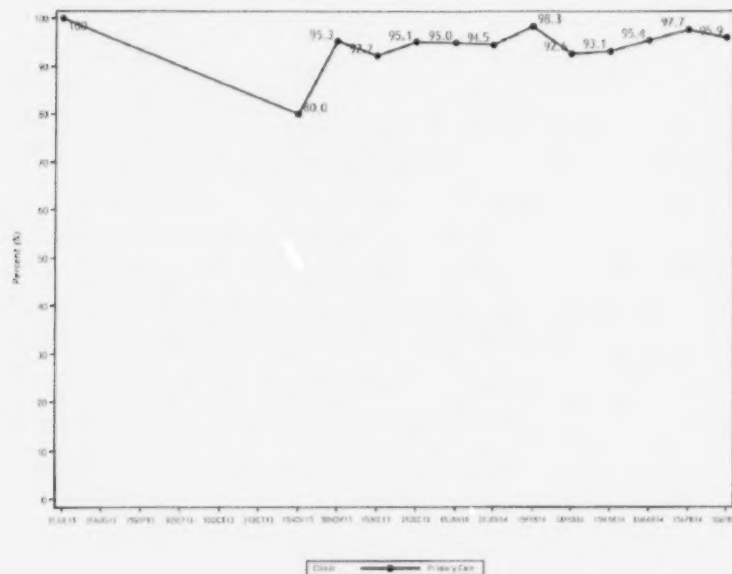
By March 31, 2014, reduce MHAS inpatient readmissions by 50%.

By March 31, 2014, all MHAS clients will receive a call within 24 business hours.

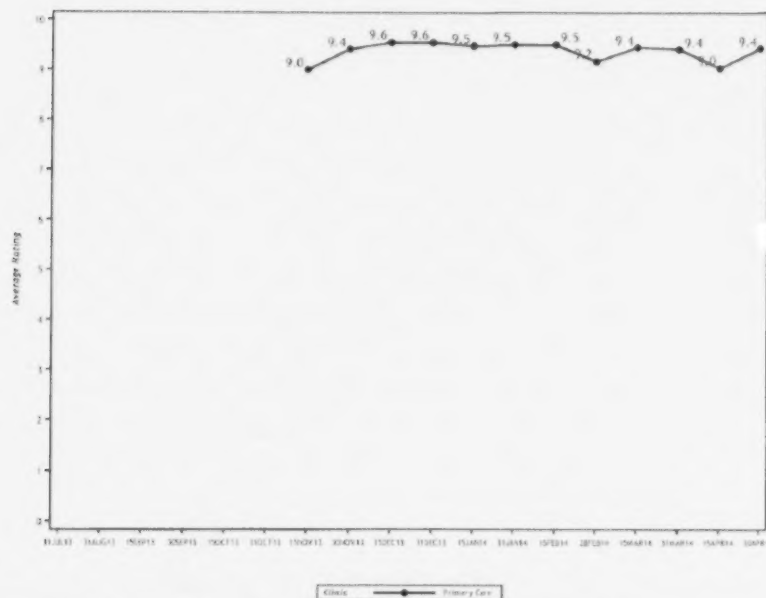
**Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS)
and Public Health Services (PHS)**

Quality

Patient Experience Results for Five Hills
Proportion of patients reporting they were able to get an appointment on their day of choice



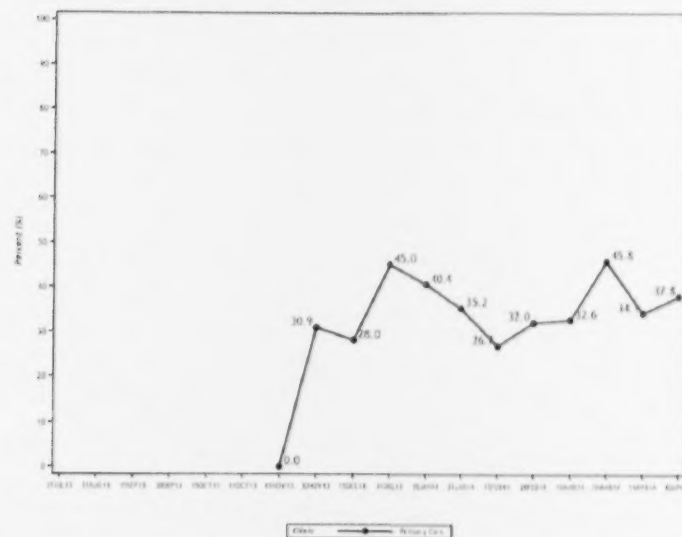
Patient Experience Results for Five Hills
Average patient rating of care experience from 0 (worst) to 10 (best)



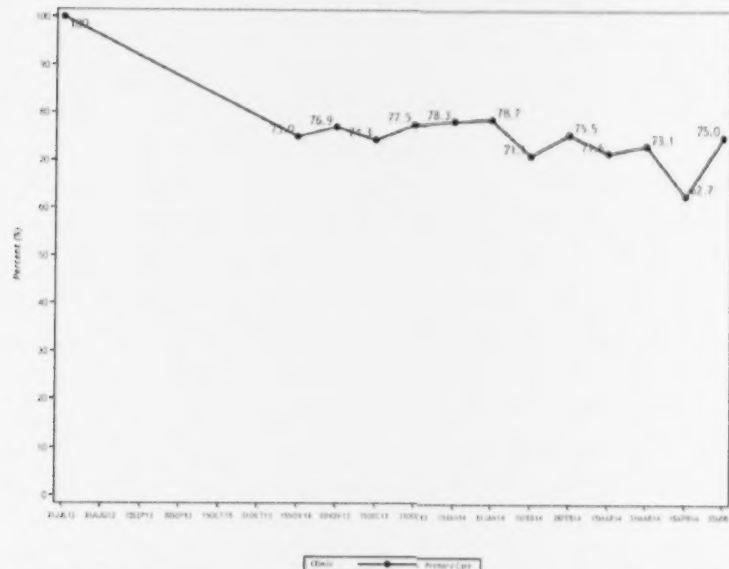
Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Quality

Patient Experience Results for Five Hills
Proportion of patients reporting they were very confident about managing
their own health



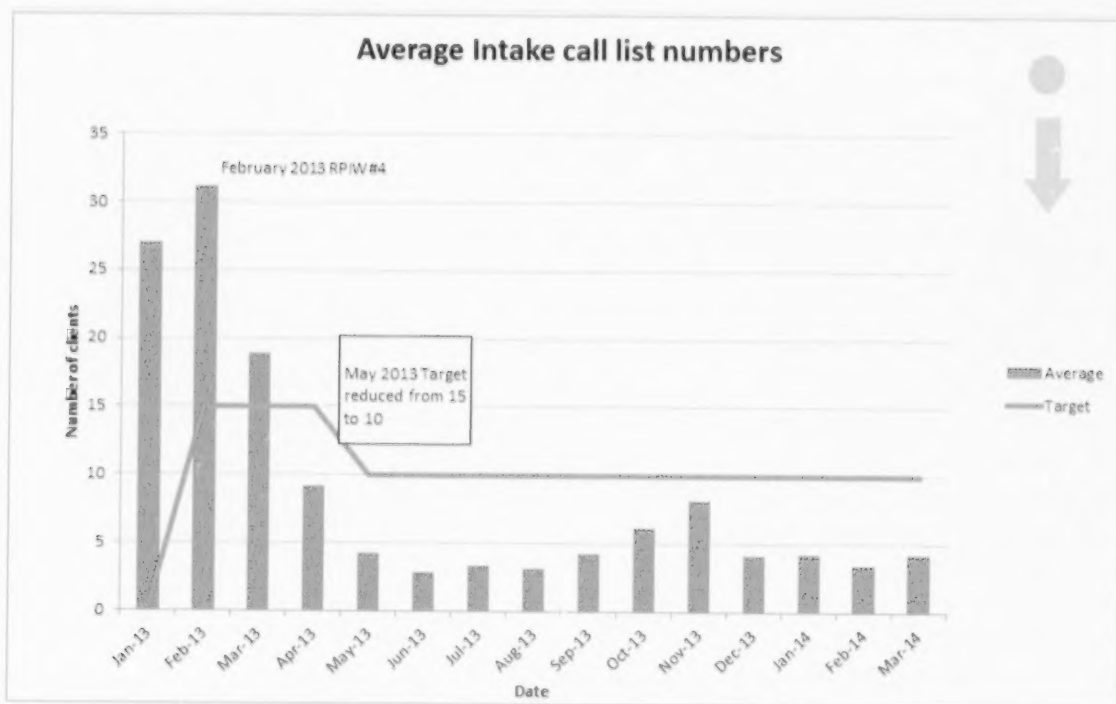
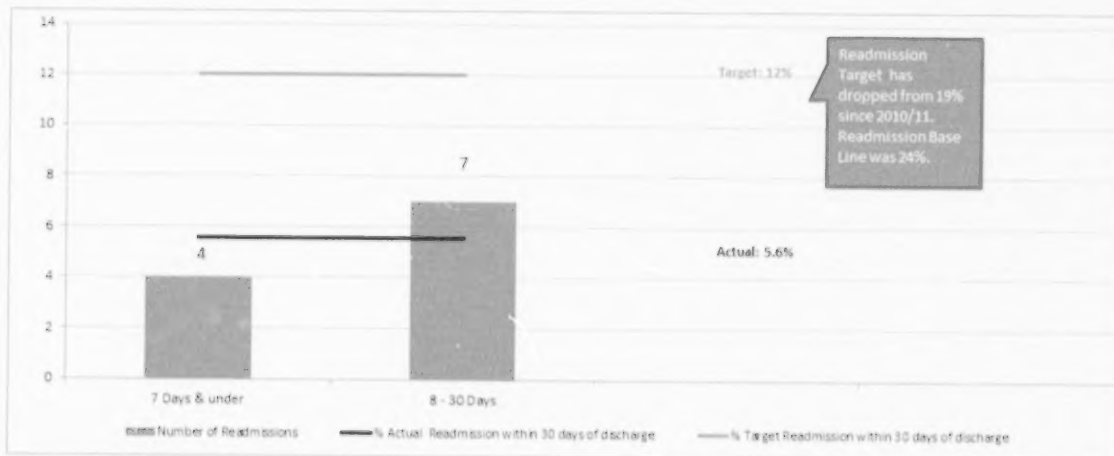
Patient Experience Results for Five Hills
Proportion of patients reporting how often the care provider seemed
up-to-date about the care they received from other care providers



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS)
and Public Health Services (PHS)

Quality

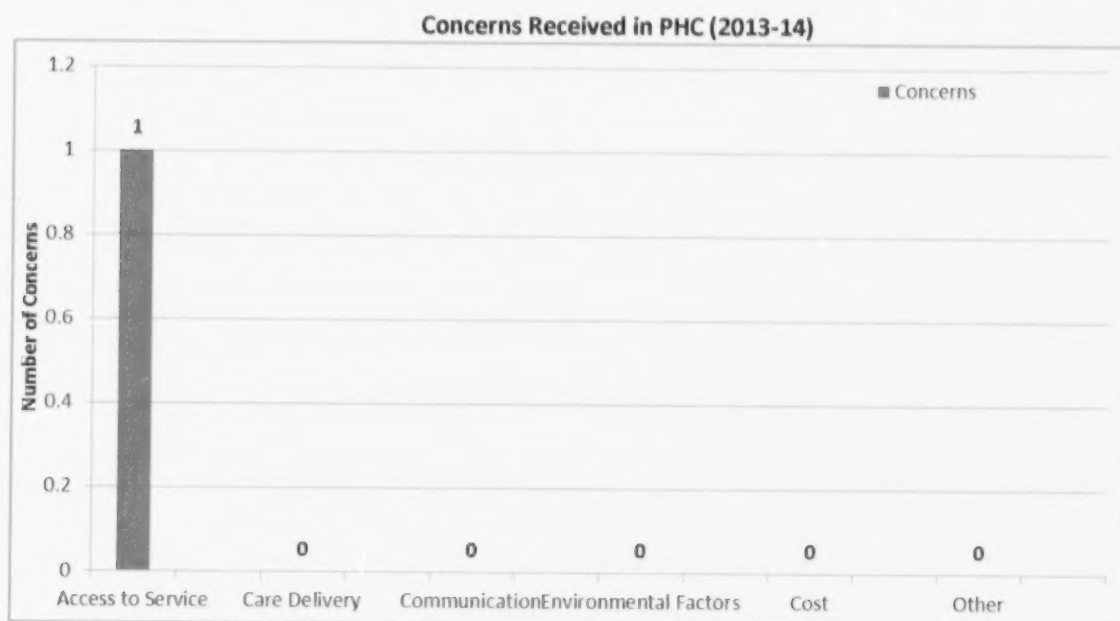
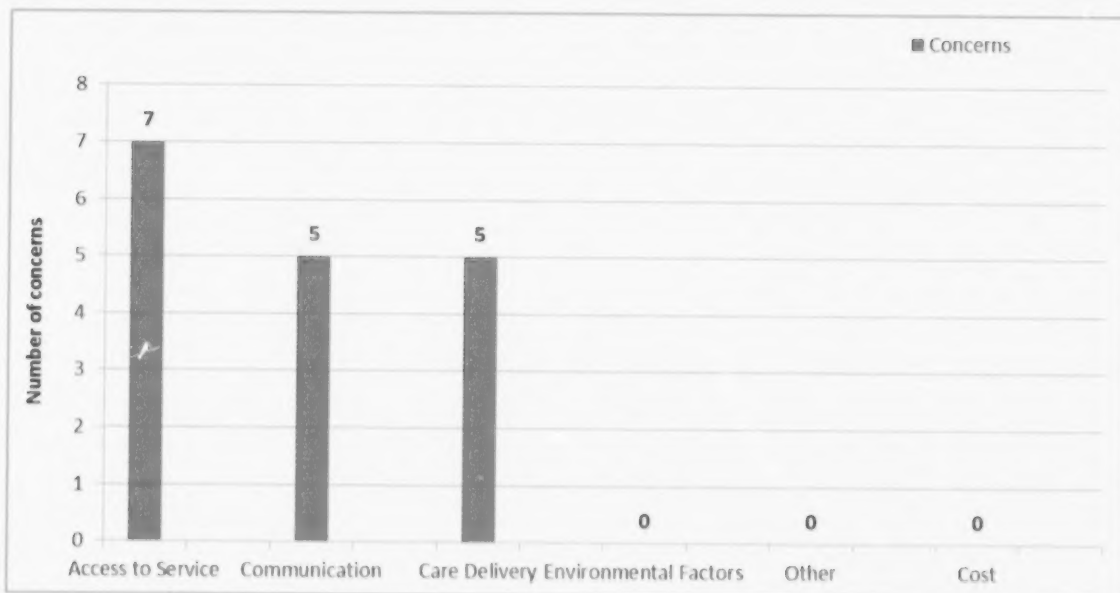
Inpatient Readmission Report



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Quality

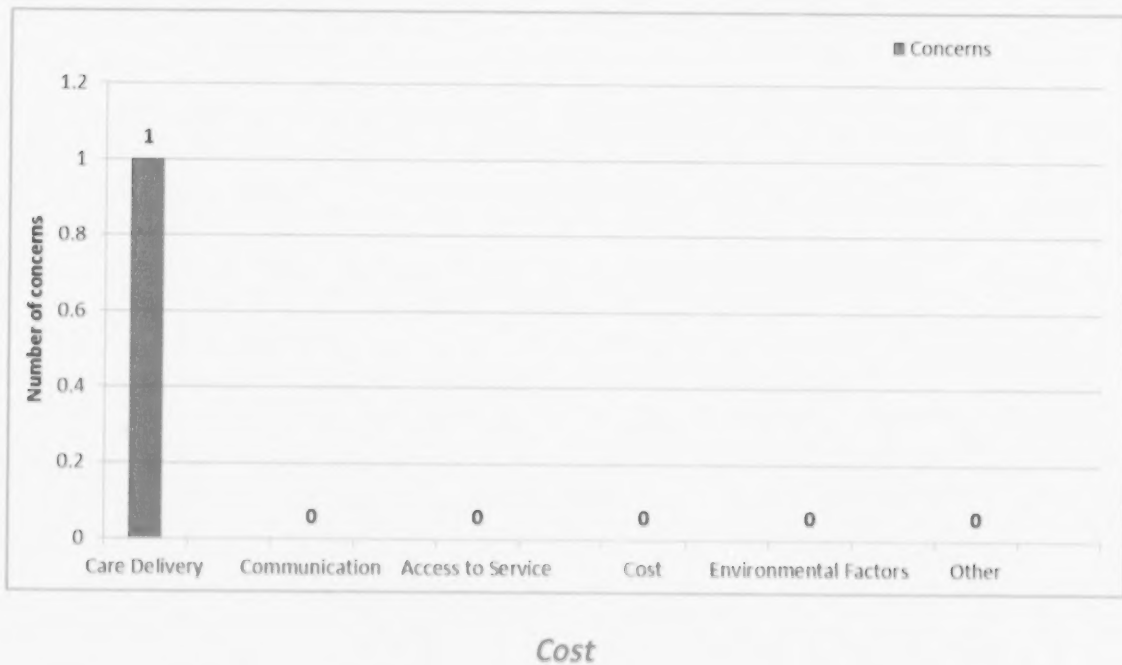
Concerns Received in MHAS (2013-14)



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Quality

Concerns Received in Public Health (2013-14)



Health System Five Year Outcome

By March 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

Service Line Goals

By March 31, 2014, decrease by 50% the number of "No Shows" per week.

By March 2014, sick leave and wage driven premium will meet or exceed Regional targets.

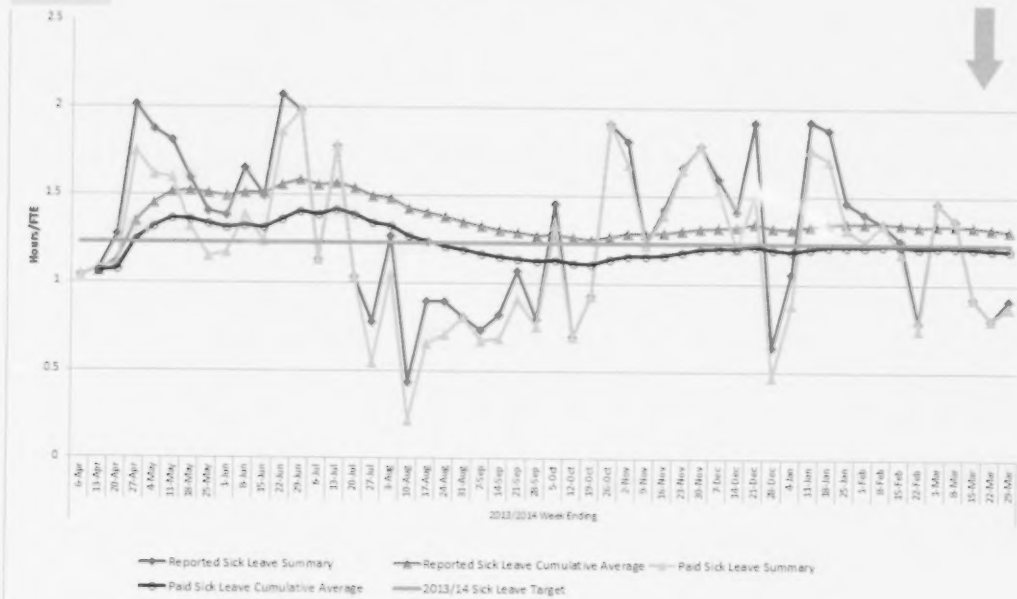
By March 31, 2014, all MHAS clinicians will spend 60% of their time in face-to-face appointments.

By March 31, 20-14, increase MHAS utilization of appointments by 20%.

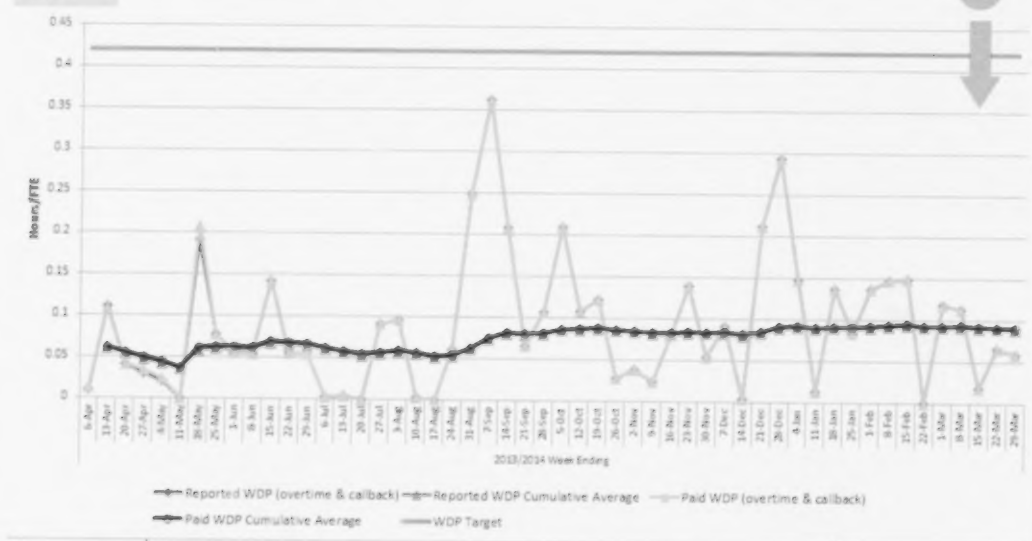
Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Cost

Public, Primary and Mental Health Sick Leave



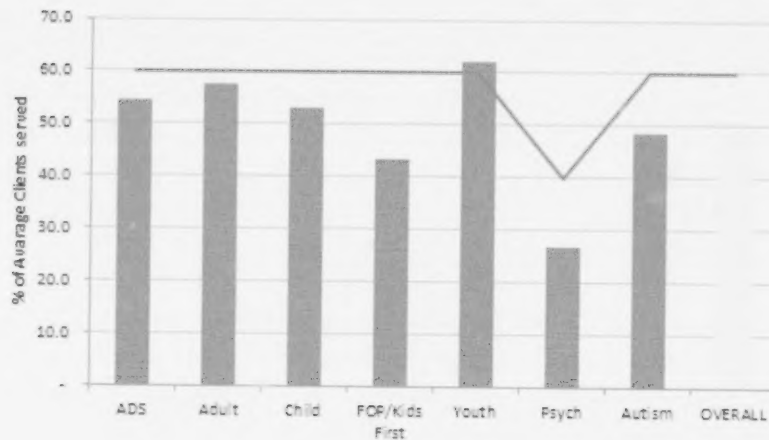
Public, Primary and Mental Health WDP



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Cost

Mental Health and Addictions Services Average Clients Served Time - March 2014



Delivery

Health System Five Year Outcome

By March 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure and Asthma).

By March 2017, at risk populations (all age groups) will achieve better health through access to evidence-based interventions, services and/or supports.

Health System Five Year Improvement Targets

By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure and Asthma).

By 2017, there will be a 50% improvement in number of people surveyed who say "I can see my primary healthcare team on my day of choice either in person, on the phone, or via other technology".

Service Line Goals

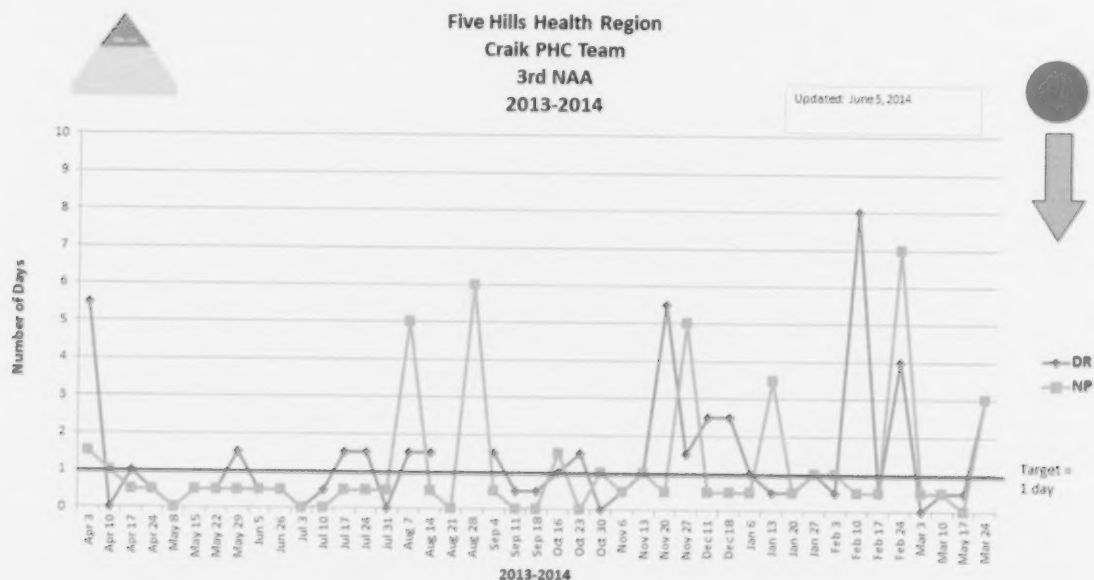
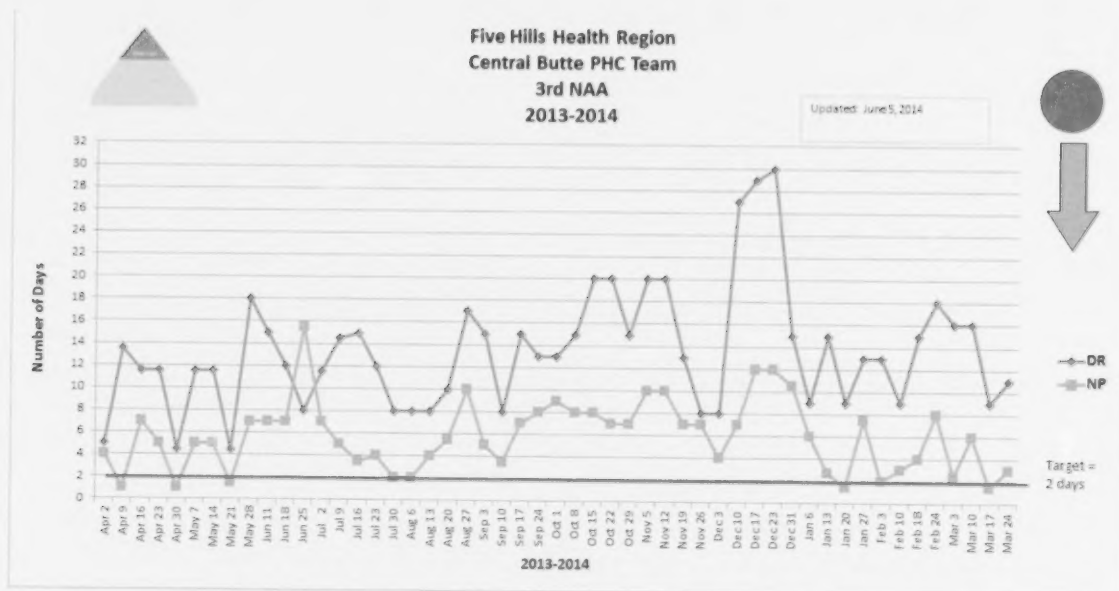
By March 31, 2014, improve access to PHC in Central Butte and Craik to same day appointments.

By March 31, 2014, reduce service disruptions in rural sites.

By March 31, 2014, there will be a 50% reduction in waiting time for counselling and group services.

**Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS)
and Public Health Services (PHS)**

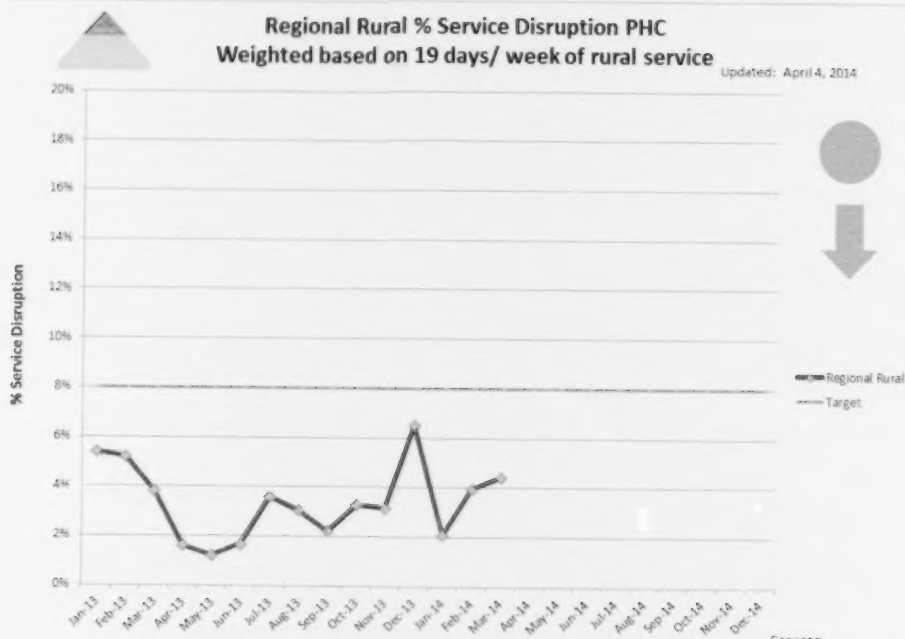
Delivery



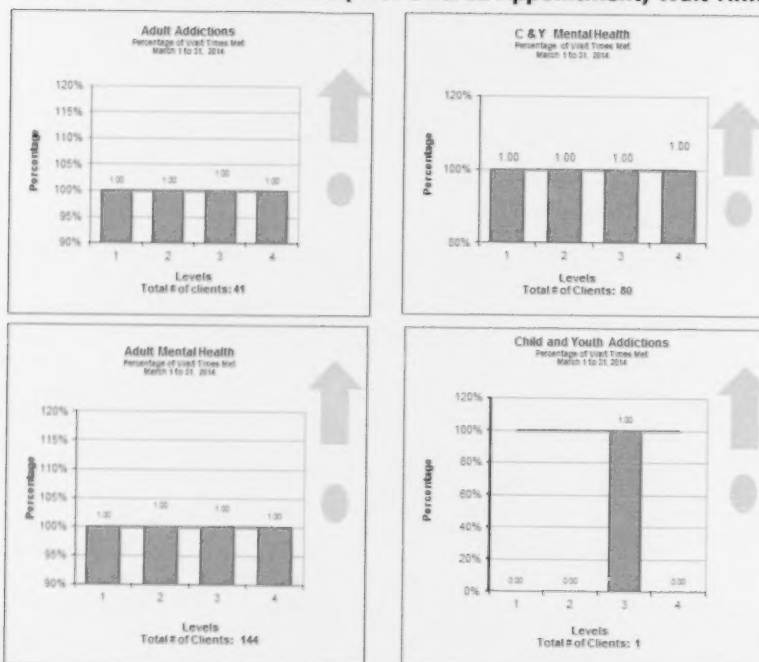
*NAA – Next Available Appointment

**Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS)
and Public Health Services (PHS)**

Delivery



Mental Health and Addictions (First Offered Appointment) Wait Times



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Safety

Health System Five Year Outcome

By March 2017, establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

Health System Five Year Improvement Targets

By March 2017, there will be zero patients who experience a medication defect.

By March 2017, there will be zero workplace injuries.

Service Line Goals

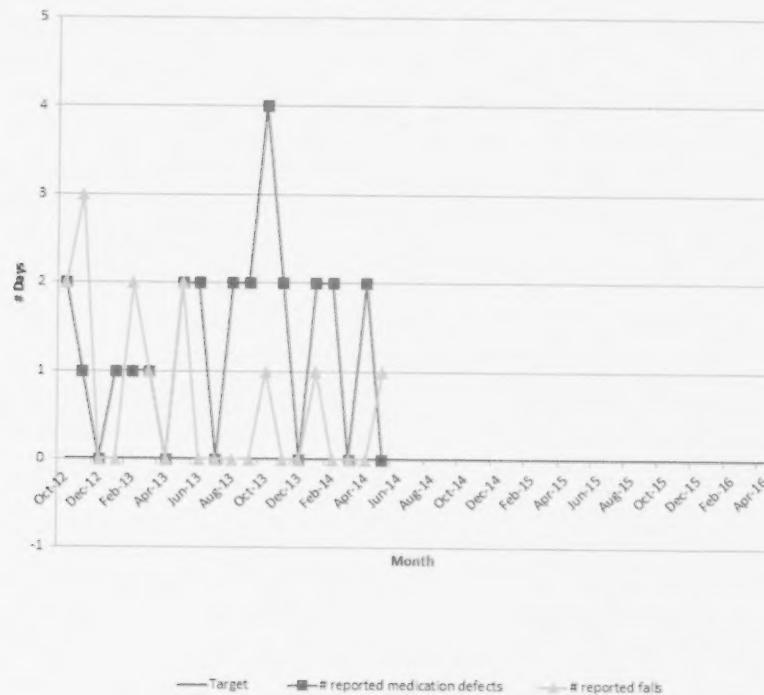
By March 31, 2014, there will be zero patients who experience a fall or a medication defect on the mental health inpatient unit.

By March 31, 2014, 100% of staff wash their hands correctly as per education and protocol.

By March 31, 2014, there will be a 50% reduction in Time Loss Injuries.

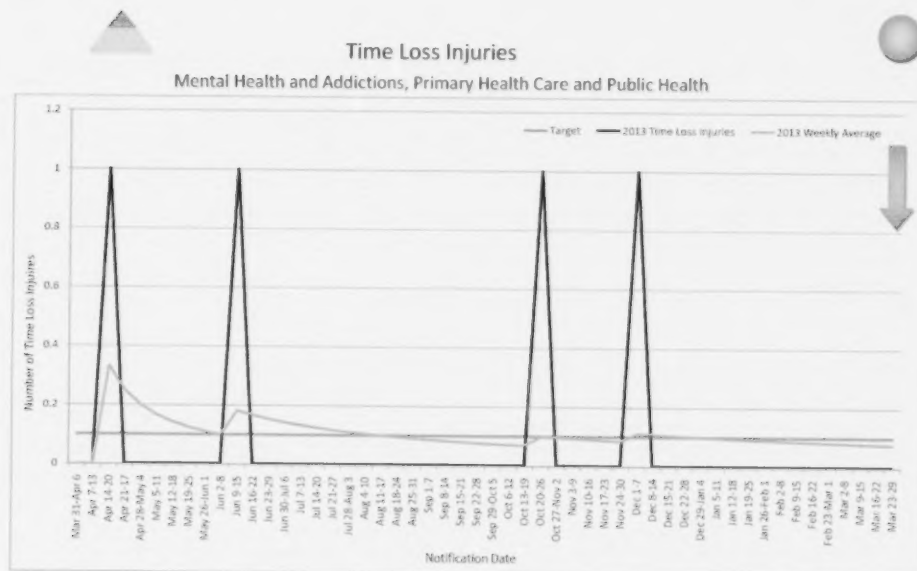
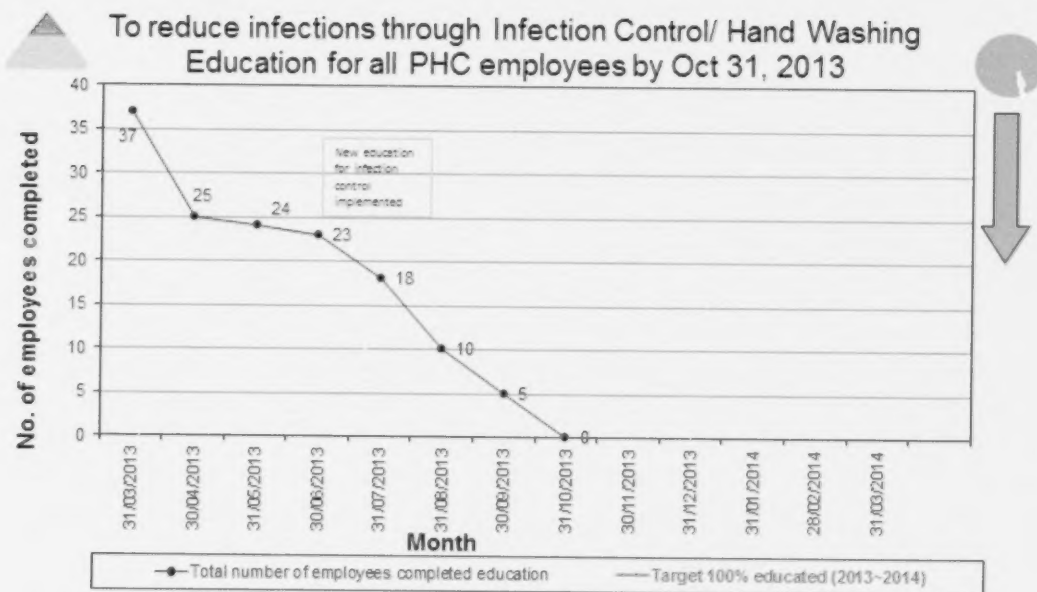


MHAS Patient Safety - # reported falls and medication defects



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Safety



Service Line – Primary Health Care (PHC) and Mental Health and Addictions Services (MHAS) and Public Health Services (PHS)

Morale

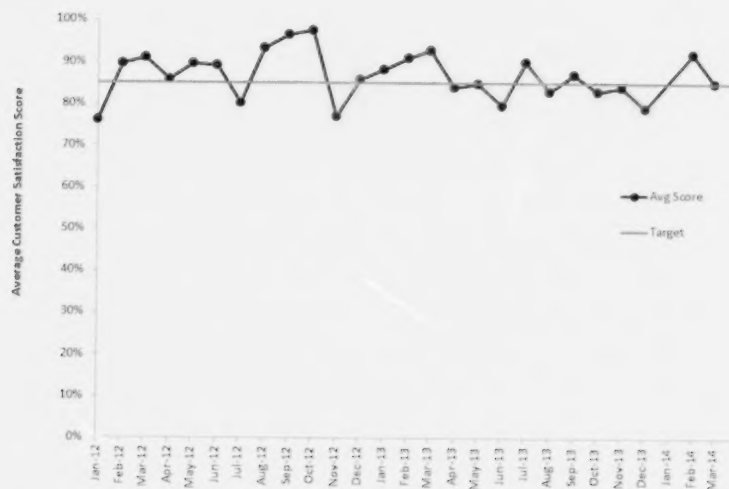
Service Line Goals

By March, 2014 there will be a 50% improvement in patient satisfaction using the Patient Experience Survey.

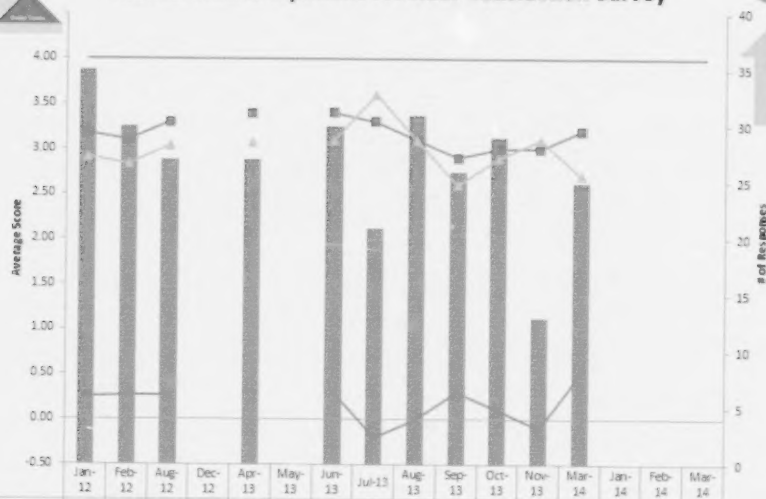
By March 31, 2014, for MH inpatient staff, the difference between the start and end of shift scores will not exceed 0.5.



Customer Satisfaction Average Trend



Mental Health Inpatient Provider Satisfaction Survey



Service Line – Continuing Care

Quality

Health System Five Year Outcome

By March 2017, at risk populations (all age groups) will achieve better health through access to evidence-based interventions, services and/or supports.

Health System Five Year Improvement Targets

By March 2017, reduce the number of patient days of seniors occupying acute care beds awaiting community service supports by 50%.

Service Line Goals

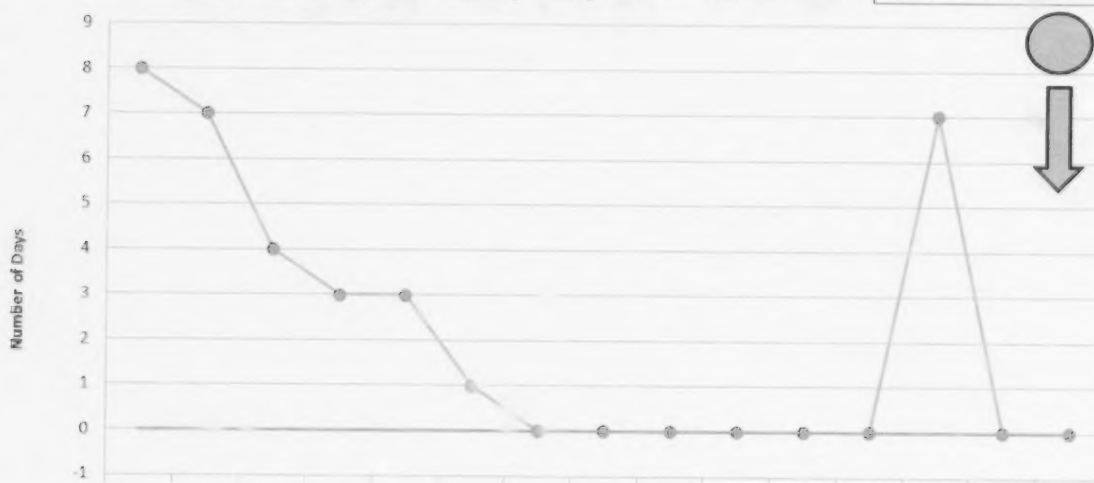
By March 31, 2014, reduce to zero the number of outbreaks which last longer than 14 days.

By March 31, 2014, meet with residents and their families within six weeks of admission to the facility and annually thereafter.

Number of Days Between Respiratory Outbreak (OB) Criteria and PHS

Notification by LTC Facility: May 2013 - March 2014

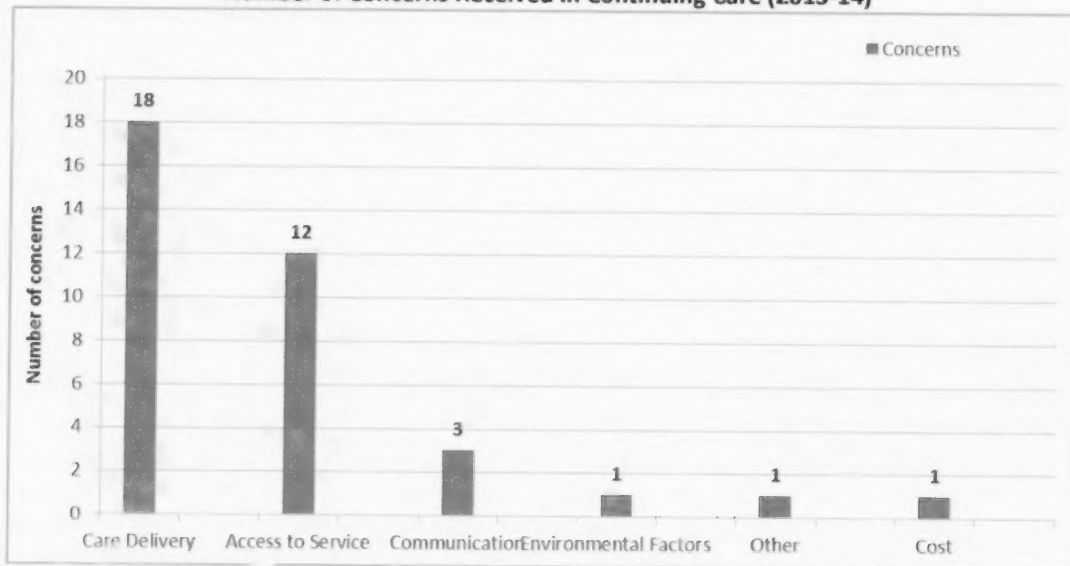
Updated: Jun 5, 2014



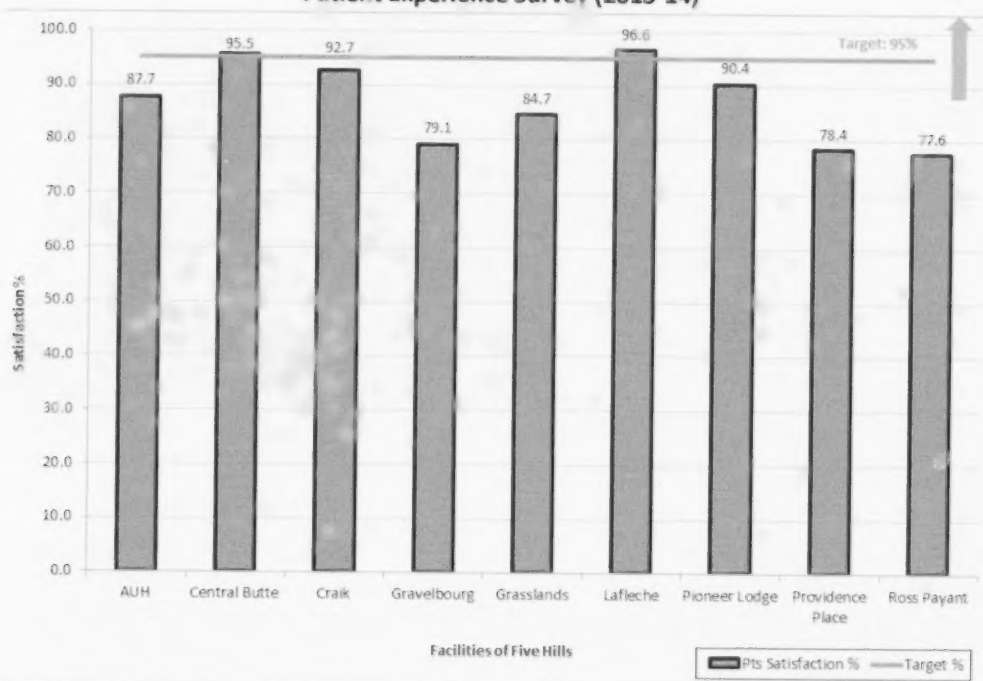
Service Line – Continuing Care

Quality

Number of Concerns Received in Continuing Care (2013-14)



Patient Experience Survey (2013-14)



Service Line – Continuing Care

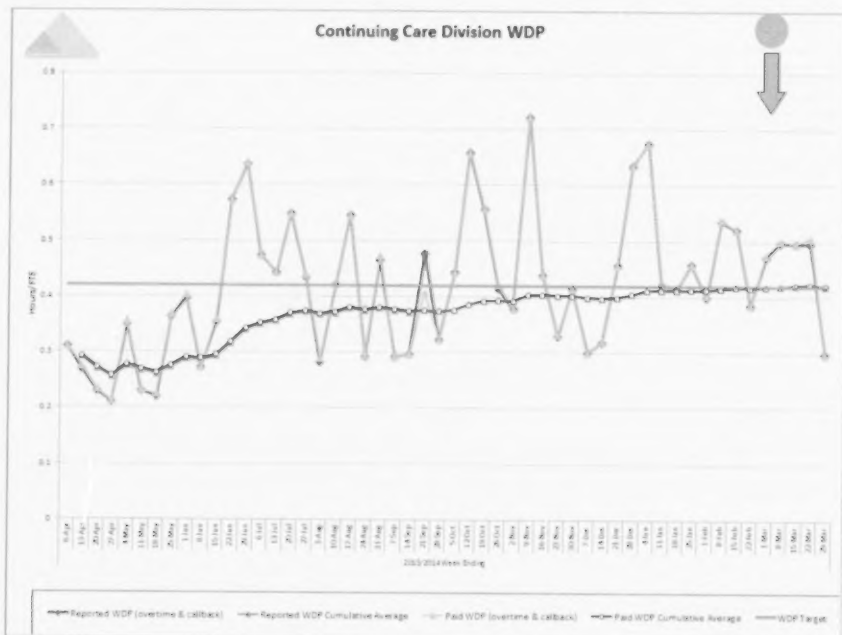
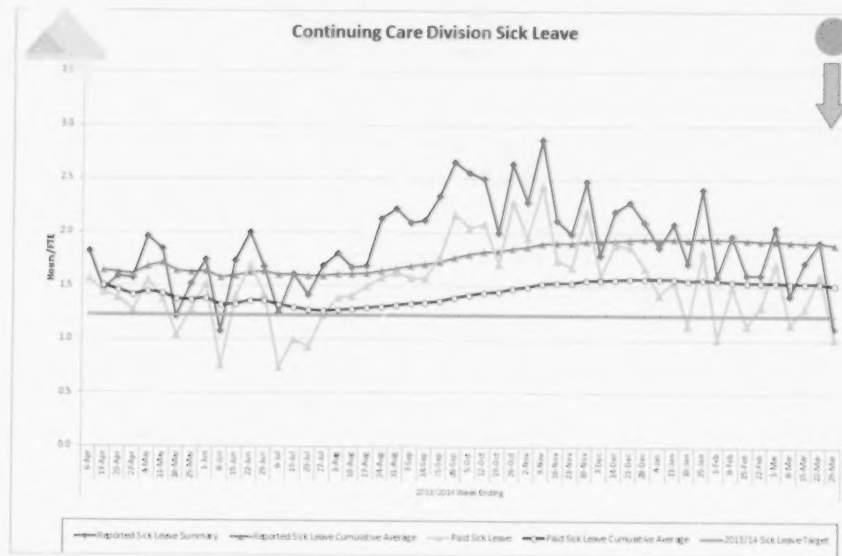
Cost

Health System Five Year Outcome

By March 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

Service Line Goals

By March 2014, sick leave and wage driven premium will meet or exceed Regional targets.



Service Line – Continuing Care

Delivery

Health System Five Year Outcome

By March 2017, at risk populations (all age groups) will achieve better health through access to evidence-based interventions, services and/or supports.

Health System Five Year Improvement Targets

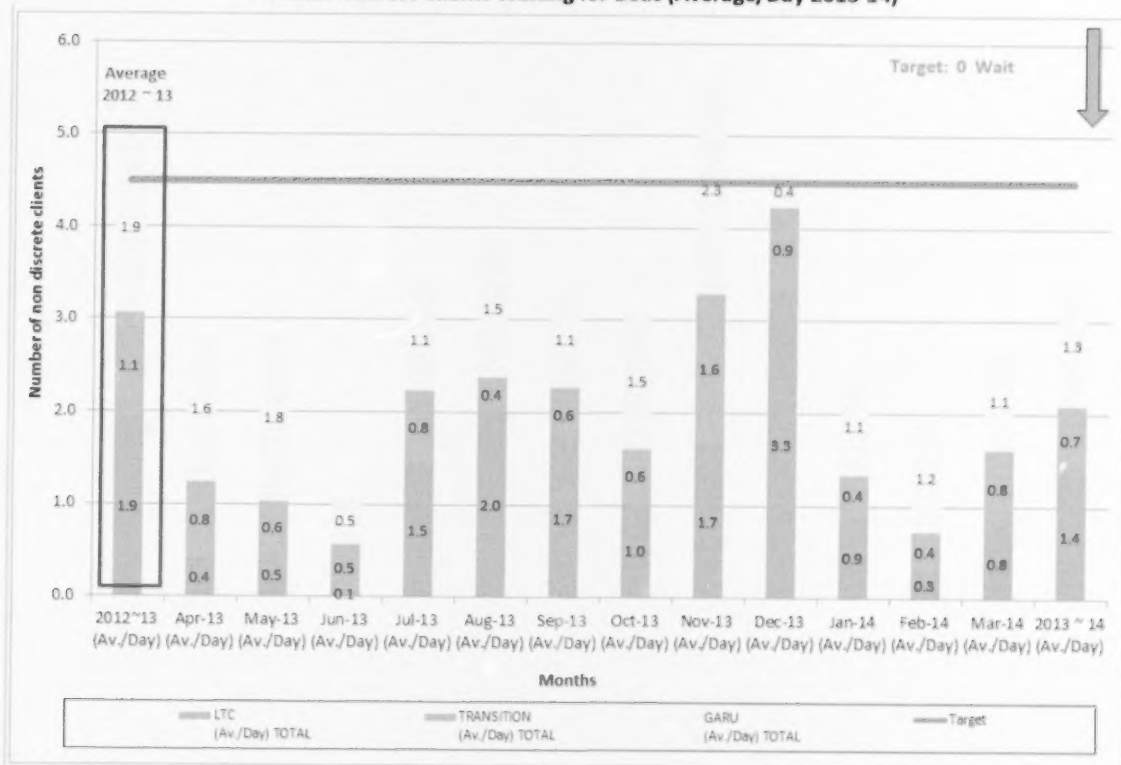
By March 2017, reduce the number of patient days of seniors occupying acute care beds awaiting community service supports by 50%.

Service Line Goals

By March 31, 2014, maintain less than 2.5 or the lowest possible number of long term care (LTC) clients waiting placement from an acute care bed.

By March 31, 2014, maintain less than 2 or the lowest possible number of clients waiting from an acute care bed for Transition or Geriatric Rehabilitation Assessment Unit (GARU).

of Non-discrete Clients Waiting for Beds (Average/Day 2013-14)



Service Line – Continuing Care

Safety

Health System Five Year Outcome

By March 2017, establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

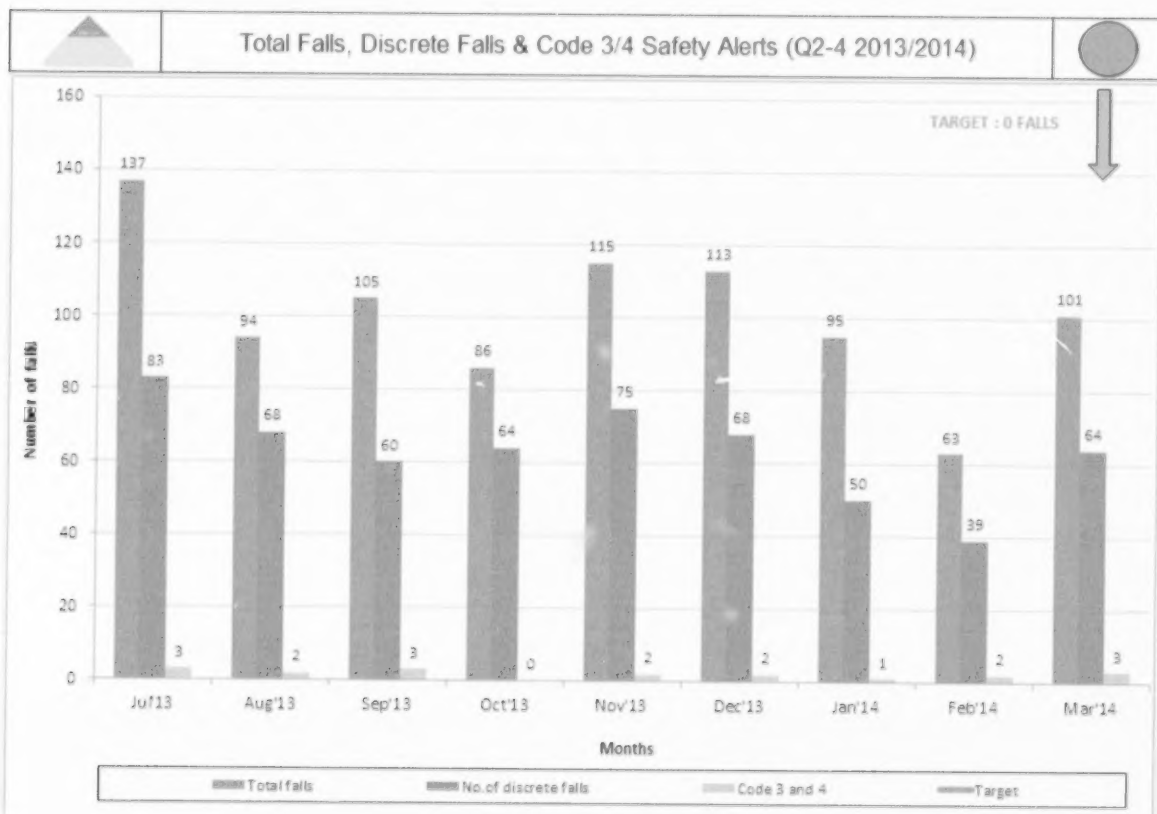
Service Line Goals

By March 31, 2014, reduce the number of discreet client falls in LTC by 2.5%. By March 2014, reduce the number of hospitalizations as result of falls to 0.

By March 31, 2014, maintain % of use of daily restraints below 10%.

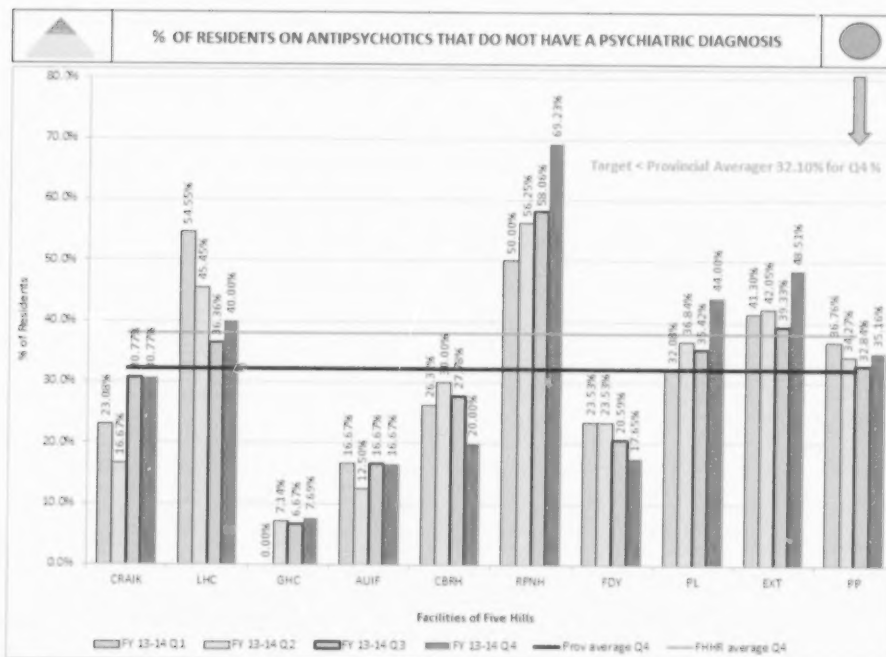
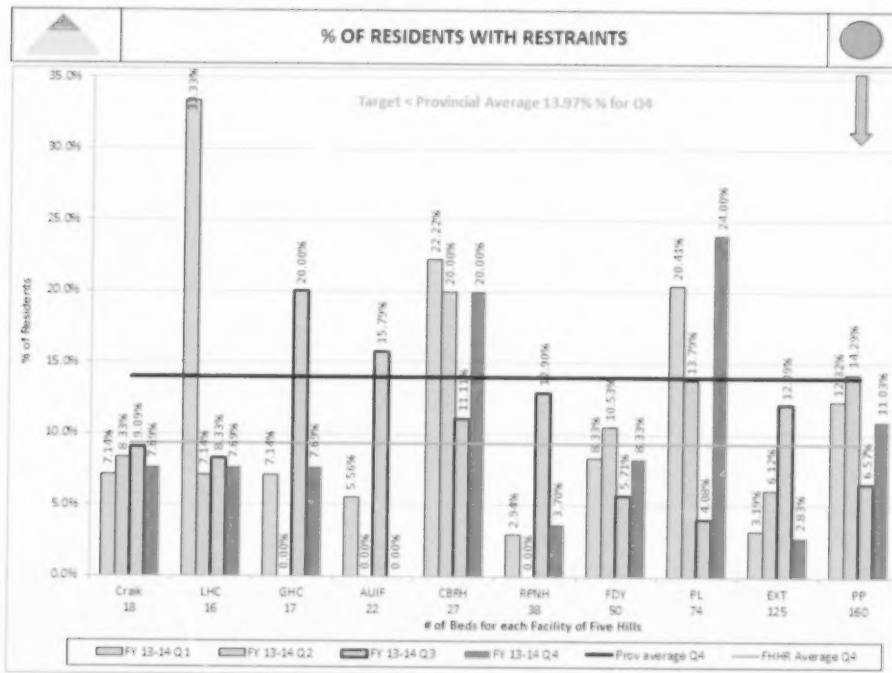
By March 31, 2014, reduce antipsychotic use in LTC by 5%.

By March 31, 2014, reduce time loss injuries by 50%.



Service Line – Continuing Care

Safety

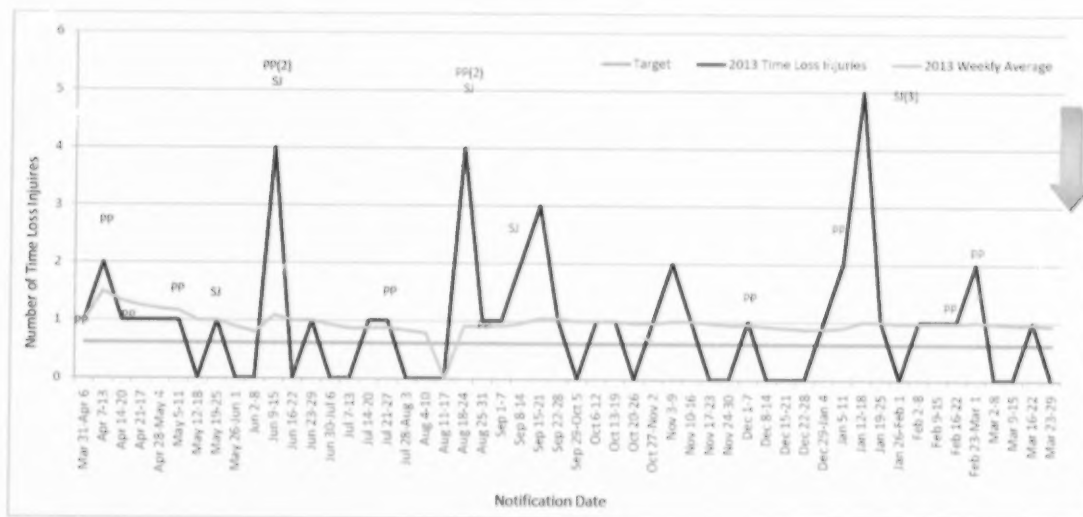


*FY - Facility

Service Line – Continuing Care

Safety

Continuing Care Time Loss Injuries



Morale

Service Line Goals

By March 31, 2014, achieve a satisfaction rate of 90% in Long Term Care by March 31, 2014.

Progress in 2013-2014

Over the past year, significant focus was placed on the Region's **Values and Principles** which guide the delivery of health care services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our Health Region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our Health Region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the Health Region

The following is a summary of the major initiatives undertaken in the 2013-2014 year.



New Regional Hospital

On August 30, 2011, the Minister of Health announced that Moose Jaw would be home to an "innovative new regional hospital that will enable better, safer service for the city and surrounding area".

The project's Integrated Lean Project Delivery team (ILPD) began construction of the new regional hospital on April 15, 2013. The exterior building was closed-in before winter and interior construction work began in early January 2014. Construction is progressing well with exterior site and infrastructure work to begin in June 2014 and to be completed by the end of September 2014. Substantial completion of the regional hospital is scheduled for March 2015 with Commissioning and Transition work to be completed from April to June with estimated move-in date of July 2015. The project is on budget.

Work has begun and will continue through this year on the transition plan and coordination of the pending physical move to the new regional hospital.

To see the live site web cam as well as more information and pictures please visit:

<http://www.fhhr.ca/NewHospital.htm>



Main Entrance



View to East – on top of UCU Roof – skylights into Universal Care Unit (UCU)



West Elevation of Exterior – west main entrance



Atrium



Level 3 – Labour Delivery Recovery Postpartum (LDRP) Area



Graham/Banff Superintendent Todd Harder and Black & McDonald Electrical Superintendent Mike Eberle address items with the team.

Kaizen Promotion Office

The **Kaizen (Ky-zan) Promotion Office (KPO)** leads the Five Hills Health Region's **Lean Management System**. Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. It is unique in that it engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis.

Kaizen is a Japanese term that means "continuous incremental improvement".

The KPO has several responsibilities – coordinate the organizational Kaizen efforts; track organizational progress; reporting to the Ministry; education, training and coaching; Kaizen integration and maintenance of standards; and to support non-kaizen operations team kaizen work as required.

Lean Leader Certification

We are working with John Black & Associates (JBA) to develop lean leaders across the organization. The certification of selected leaders is included in the process. JBA's certification track requires participants to:

- Take Value Stream Mapping Training (4-day learn do module)
- Complete Lean Leader Training (3-day education module)
- Complete a Module Deep Dive (10 key lean modules)
- Complete a Module Marathon (demonstrate knowledge of modules through "teach backs")
- Take a Team Lead and Sub Team Lead role in a Rapid Process Improvement Workshop (RPIW)
- Service as a participant in an additional RPIW
- Complete a Mistake Proofing Project
- Complete a North American Tour for education and coaching on the mistake proofing project and visit another lean hospital in action (Virginia Mason and Seattle Children's Hospital)

The Region has completed two "waves" of Lean Leader Certification and the third wave is schedule to begin in September 2014. Participants are chosen based on provincial criteria, giving preference to senior leaders, service line leaders and KPO staff. There are currently 50 employees in the Lean Leader program, with 19 of them having been certified. There will be 15 more employees starting their training in 2014.

Rapid Process Improvement Workshop (RPIW)

In addition to the strategies mentioned in this document, which focus on making improvements to the health of the population and individual care, we in Five Hills Health Region are very focused on the planning and development of our new regional hospital.

Not only will our staff and physicians be working in a new building, they will also be delivering care in an unprecedented manner where multiple services will be brought directly to the patient, rather than the patient seeking multiple services throughout the hospital. These changes are not easy ones and involve changes in mindset and process for our staff, physicians and patients. Part of the way we are trying to implement new, more efficient, patient-friendly ways of delivering care is through **Rapid Process Improvement Workshops** or "**RPIW**".

An RPIW is an improvement workshop that is meant to pull together multiple employees from the Region, and clients who have experience in the health system, to analyze and improve a complex, common process. The operational goal of an RPIW is to create a more reliable, efficient, patient-driven process. When successful, an RPIW leads to higher quality care with less time, energy and resources required to make the process smooth. The patient is always the focal point in the analysis and redesign.

RPIWs are also educational events. Participants are instructed on how to understand a complex process in new ways, in order to draw upon the upstream and downstream components, to strengthen their own performance and to see the department in which they work in new ways. This positions participants to lead further change efforts.

Five Hills Health Region has taken on numerous RPIW projects that are expected to continue well into 2014-15. There were 21 RPIWs undertaken in 2013-14:

RPIW #7 Reduce defects from medication reconciliation in Surgery to order received in Pharmacy

- Reduced wait time of medication orders reaching pharmacy for processing
- Created capacity to print medication administration record for same day surgery patients thereby reducing transcription times and reducing risk of medication errors
- Enabled use of labeler and scanning to eliminate illegible addressograph defects

RPIW #8 Create a pull process for the management of Chronic Disease Management (CDM) clients

- Set up electronic CDM care plan on electronic medical record EMR
- Patient handout developed to explain change in care from Physician to NP
- Load leveling plan established to give physicians increased capacity to see acute patients

RPIW #9 Eliminate waste in pre and post procedure processes for case carts

- Reduced lead time for case cart picking by 81%
- Reduced lead time for dirty cart reprocessing by 68%
- Reduced set up time on dirty cart emptying by 91%

RPIW #10 Reduce lead time for new patient appointments to Psychiatry

- Created a short notice call list
- Created a script to follow when booking and confirming appointments
- Developed a standard referral process for family physicians

RPIW #11 Emergency Room (ER) Patient Flow

- New laboratory and diagnostic imaging protocols and ER algorithms rolled out
- ER patients visible to triage in a designated area
- ER patients identified at registration

RPIW #12 Reducing non value added activity in Mental Health Record Department

- Introduced tablets to clinicians for progress notes with electronic signatures
- Moved mental health and addictions services active files from 3rd floor to 4th where offices are
- Moved work station for psychiatry dictation to decrease interruptions

RPIW #13 Reducing patient waits for routine nursing care on Medicine

- Reduced patient interventions lead time by 63%
- Implemented purposeful rounding and tools for patients and staff
- Reduced call bell response time to under 3 minutes

RPIW #14 Reduce lead time for indirect care processes at Klinik on Main

- Reduced overall lead time for indirect care for prescription refills by 71%
- Created pull system to have task created so MOA phones patient for appt. before Rx runs out
- 59% reduction in # of sample drugs

RPIW #15 Reduce Indirect Care Time for Home Care Nursing

- Created a plan for spread/replication in recognition of cross-functional work
- The team reduced worked hours 21% (including overtime from 267 hours to 211 hours)
- Reduced walking distance for morning prep by 25% (from 348 feet to 261 feet)

RPIW #16 Reduce lead time from booked appt. to client received service through MH&A outpatient

- Increased availability to schedule new clients, schedules transparent
- Drop in groups to allow increased access to group service
- Reduce wait times for Adult MH&A clients by more than 90%

RPIW #17 Reduce Defects in Pre-Admission Clinic (PAC) referral process by 50%

- Improved signage, added map to PAC folder, color coded PAC pre-op instructions to match map
- Combined nursing database with pre-screening questions that patients can complete while waiting
- Lead time reduction of 11%

RPIW #18 Reduce variations in intake and assessment process at Access centre

- Improvement of communication process between providers
- Technology has increased quality and efficiency
- Increased capacity supports Hoshin on 5% increase to Home Care services

RPIW #19 Eliminate Defects for medication deliveries

- Reduced surgical staff steps searching for meds from 919.5 feet to 0
- Re-arrangement of pharmacy computer/desks to reduce walking by 24%
- Reduced inventory in 5S drawers by 61%
- 63% of meds were moved and delivered at 10:00 am from 8:00 am, (10:00am is less hectic as 8:00 am is busiest time of the day)

RPIW #20 Reduce wait time for outpatient phlebotomy at Moose Jaw Union Hospital (MJUH)

- Lead time reduction 61% (from 19:10 to 7:28)
- Wait time reduction 76% (from 15:44 to 3:50)
- Patient walking reduction 30%
- Immediate positive feedback during trials

RPIW #21 Elimination of defects and delays in patient admission process

- Reduced paperwork on admission from 23 to 10 pieces
- Created standard work regarding communication for room turnover and setup
- Standardized communication required for bed assignment
- Reduced lead time between time the patient leaves ER until admission complete on Medicine by 58%.

RPIW #22 Reduce waitlist for outpatient Therapies

- Developed a plan to eliminate waitlist
- Developed an intake process for new patients to receive the right service in a timely manner
- Eliminated categorization of patients

RPIW #23 Reduce the number of alternate level of care days by 30% at Geriatric Assessment Rehabilitation Unit (GARU)

- Reduced alternate level of care days on admission from 3 to 1.5 days
- Created capacity for 36 new admissions to GARU in a year
- Reduced time from patient ready to discharge until discharged by 98%

RPIW #24 Reduce transfers from medicine to Intensive Care Unit (ICU) by 50%

- Developed a Modified Early Warning Scoring Tool (MEWS) from the National Early Warning System (NEWS)
- Developed a response process for when a patient is deteriorating
- Reduced response time for ICU nurses to deteriorating patients by 97%

RPIW #25 Reduce non-value added time for patients and providers for cancer treatment services in Day Surgery by 50%

- Created a workspace for chemotherapy registered nurses to work with point of use supplies
- Designed an area for privacy for chemotherapy patients
- Created work standards between MJUH and Allan Blair Cancer center

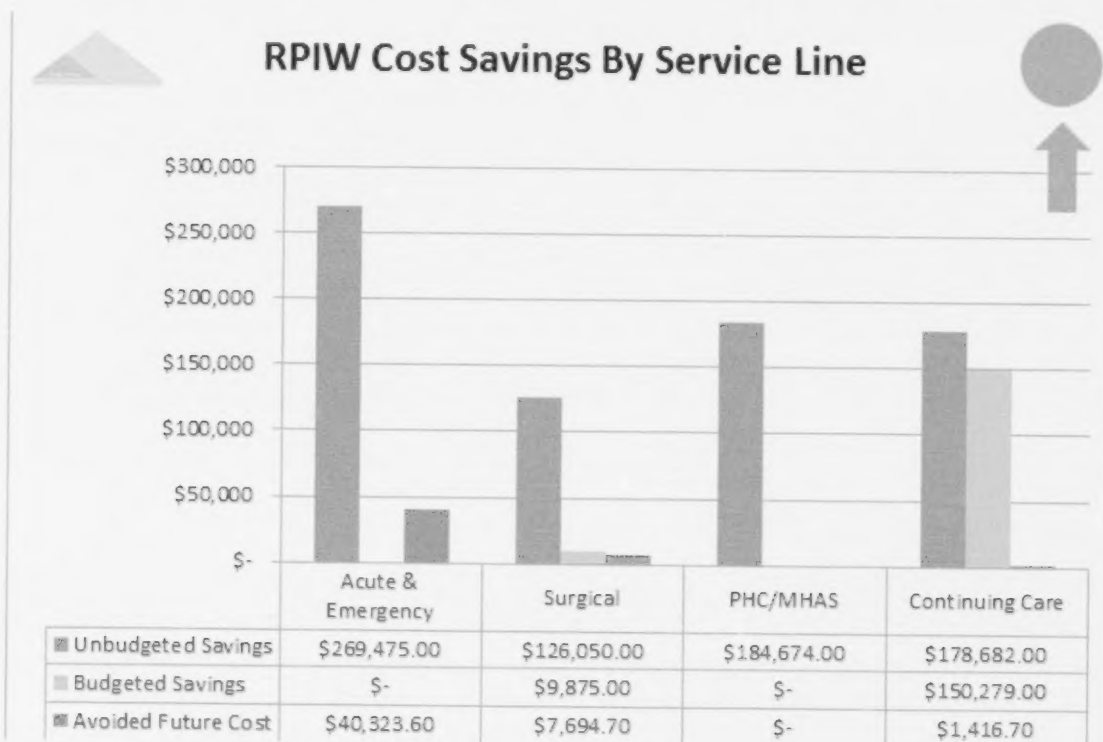
RPIW #26 Reduce average length of stay from 16.6 days to 14 days in the mental health inpatient unit

- Introduced a discharge checklist that triggers discharge planning at point of admission
- Developed written information for patients regarding the daily routine on the unit
- Added current length of stay on Sunrise Clinical Manager
- Decreased time for Grand Rounds by 70%

RPIW #27 Improve the transition bed utilization by 10%

- Created a pull system from MJUH to Transition unit
- Improved productivity for RN by 14%
- Initiated bedside rounding

The following chart demonstrates cost savings by service line in the Region through RPIW events.



Patient-and Family-Centred Care

Collaborating with patient and family members has assisted our Region with continuous growth and improvements throughout all of our service lines during the 2013/14 year.

We have continued to involve patients and family members in all of our improvement work and have incorporated the focus of patient-and family-centred care (PFCC) with all of our new hires during general orientation each month (sharing this empathy video https://www.youtube.com/watch?v=Wl2_knlv_xw).

However, the best result of working as a patient/family centered workplace was when our offices received a number of calls asking for assistance in recruiting a patient or family member to help them with an internal review in their department or facility.

An overview of our engagements follows:

- ▶ 22 PFCC members participated in RPIWs and Crescent View Clinic design
- ▶ 9 have participated in 15 one-time events within our Region
- ▶ 5 of our members attended Health Quality Council's Inspire Conference in 2013
- ▶ 8 of our members have been asked to participate in Provincial Ministry, 3SHealth, eHealth, or other projects
- ▶ 8 members assisting with a soft opening for the Crescent View Clinic

We continue to build on the implementation plan that was submitted to the Ministry of Health in 2012 by building capacity within our members and increasing involvement while maintaining the four pillars of PFCC: **collaboration, partnership, information sharing, and respect and dignity.**

The Director of Community Engagement also participates in the provincial PFCC Forum which meets three to four times a year to build resources and promote continuous growth throughout the health regions in various patient centered avenues. We have developed recruitment/orientation packages and researched best practices for a number of patient focused processes – such as:

- ▶ Bedside rounding;
- ▶ PFCC focused signage & visitation practices;
- ▶ Patient experience mapping; and
- ▶ Onboarding – recruitment scripts and orientation package

*"Bedside reporting would solve a lot of problems. Each patient would be seen at change of shift. Staff would be visible for call bells."
Elaine, Patient/Family Representative*

*"I was pleased at how my input was taken and dealt with, especially with me not being knowledgeable or in the healthcare field."
Mike, Patient/Family Representative*

*"As a former client, it is gratifying to be included in a process designed to better serve those of us with mental or emotional challenges."
David, Patient/Family representative*

Primary Health Care Redesign

Dianne Ferguson, Executive Director, Primary Health Care (PHC) has recently retired after many years in health care. She has been instrumental in the advancement of PHC in the Region. Despite her departure, staff will continue to do their best to advance the primary health care philosophy. With Dianne's retirement an opportunity arose to integrate Primary Health Care, Mental Health & Addictions Services and Public Health. This integration has also created a need for a redesigned organizational structure to support the new Community Health service line for 2014-15.

Primary Health Care has continued to strengthen across the Region. In the southern portion of the Region a Director of Integrated Teams is responsible for the Wellness Centres, Assiniboia PHC Team and Patient Education. Sun Country Health Region, Five Hills Health Region and South Country Medical Clinic continue to work together to develop a consistent approach to services for the Coronach, Rockglen, Willow Bunch and Assiniboia areas.

Primary Health Care is advancing the use of technology as an opportunity to provide services "closer to home." The electronic health record has now been implemented in all FHHR PHC sites and work is nearly complete on bringing Patient Education, Therapies and the Depot Clinic (Mental Health & Addictions Services) into the Med Access electronic health record program.

Telehealth is available in Rockglen, Gravelbourg, Assiniboia, Craik, Central Butte and Kliniek on Main. So that appointments do not need to be cancelled during times of inclement weather, physicians at Kliniek on Main are able to provide some services via Telehealth to patients in Central Butte.

Patient Education has focused its work in two areas, implementing Lean concepts and continuing to improve team-based collaboration and integration. Specifically, the program was able to integrate patient appointments between the Cardiac Rehab Exercise Therapist and the Nurse Educator as well as integrate Dietitians into the Cardiac Rehab classes. A 5S (sort, simplify, sweep, standardize, self-discipline) project achieved a standardized talking room, work standards were initiated, a Patient Experience Survey baseline was completed and the continuation of team building concepts using the Lencioni (team function methodology) model.

FHHR was chosen as one of eight innovation sites in Saskatchewan. The innovation Greenfield site has been named Crescent View Clinic. The clinic has been co-located with Mental Health and Addictions at the downtown Moose Jaw location. The Crescent View PHC Team will provide extended hours of service on weekdays and weekends to care for people who have health needs when their primary provider is not available but whose needs do not require emergency department care. Work has been focused on the physical layout of the clinic, recruitment of staff, developing work standards and the integration of mental health and addiction services into the PHC team. A focus has also been on understanding populations within Moose Jaw where access to care is a concern.

Kliniek on Main PHC Team has been working on panel sizes to better align workloads to ensure continued day of choice access for patients as they manage vacancies on the team. As a team they have implemented daily huddles and find that the integrated team room has improved communications between team members.

Sooner, Safer, Smarter

The **Saskatchewan Surgical Initiative (SkSI)** was a multi-year, system-wide initiative developed to transform the patient surgical experience and reduce surgical wait times to three months within four years. According to the Year Four Report of the Saskatchewan Surgical Initiative, there are 75 per cent fewer patients waiting more than three months for surgery. That's a reduction from 15,352 patients waiting in April 2010 to just 3,824 on March 31, 2014. FHHR met the target for March 31, 2014 – ensuring that every surgical patient is offered a surgical date within three months.

The **Surgical Checklist** is an internationally recognized tool to prevent errors and improve patient safety by promoting better communication and teamwork in the Operating Room. Again, FHHR has made remarkable progress in adopting the Surgical Safety Checklist. On March 31, 2014, we have achieved 97% compliance with Surgical Safety Checklist compliance. We continue to fine tune processes to achieve 100%.

3S Health (Health Shared Services Saskatchewan)

Health Shared Services Saskatchewan (3sHealth) was established in 2012 through a partnership between the health regions and Saskatchewan Cancer Agency (SCA) to provide shared administrative and clinical support services. By sharing services, the health regions, SCA, and other healthcare partners can provide better quality of care to patients and families. At the same time, the healthcare system can leverage shared services to reduce costs and redirect savings back to patient care.

Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing \$98 million in savings over 10 years;
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of \$7.8 million;
- Completing the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space; and
- Exceeding our \$10 million annual provincial savings target, producing cost savings for the provincial healthcare system totaling over \$23 million.

The focus of 3sHealth's work in 2013-14 was on identifying opportunities for improvement that will improve quality of care for Saskatchewan patients and lower the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services/information management, transcription services, enterprise risk management, supply chain and environmental services.

Through ongoing collaboration with health region and SCA partners, 3sHealth has exceeded \$93 million in total savings, and is ahead of schedule in their goal of achieving the \$100 million five-year target. 3S Health looks forward to celebrating this significant milestone next year with health sector partners as we transform healthcare together.

Management Report

June 17, 2014

Five Hills Health Region Report of Management

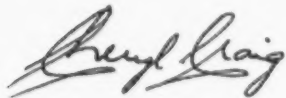
The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2014, the Authority continued capital project spending under a newly established shared ownership arrangement with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Cheryl Craig, BSN
President and Chief Executive Officer



Wayne Blazieko, CMA, MSA, B. Admin
Vice President, Finance and Chief Financial Officer

2013-2014 Financial Overview

The annual operating fund budget for 2013-14 was \$147 (million). The actual operating fund revenues were \$152.5M and operating fund expenses were \$148.4M; resulting in an operating fund surplus of \$4.1M (2.8% of operating expenses).

Overall, 94% of the operating fund revenue was provided by funding from the Ministry of Health. About 43% of the operating budget was spent on inpatient/resident services, 17% on community health, 17% on support services, 10% on physician compensation, 8% on diagnostic and therapeutic services and 5% on ambulatory care services. Approximately 88% of the annual budget was spent on salaries and benefits (includes grants to contractors).

Subsequent to budget approval, \$3.8M of additional funding was received for compensation related rate increases. All of these increases in funding (\$3.8M) were offset by unbudgeted increased expenses in the operating fund program areas and part of the reason for the unfavorable expense variance in some functional areas.

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

- i) Higher income related to:
 - Other recoveries in various areas (\$.39M).
- ii) Lower expenses related to:
 - utilities favorable pricing (natural gas \$.28M and other \$.12M);
 - drugs (\$.46M);
 - other supplies (\$.20M) and;
 - laboratory and radiology supplies – lower utilization in acute care settings attributed to lower volumes and changes in radiology technology (\$.16M).

The capital fund expenditures for 2013-14 were \$41.1M with 92% being spent on construction in progress, 1% on building and building service equipment, 4% being spent on medical/surgical equipment, 1% for leasehold improvements and 1% for mortgage obligations. The Ministry of Health has capitalized 74.5% of the capital expenditure reported above for construction in progress.

The actual capital fund revenues were \$10.8M (includes \$1.9M Ministry of Health funding and \$7.9M Municipal contribution to new hospital) and capital fund expenses were \$4.9M (includes \$4.3M in amortization); resulting in a capital fund surplus of \$5.9M.

The annual restricted funds expenditures for 2013-14 was \$.08M with revenue of \$.02M; resulting in a restricted fund deficit for the year of \$.06M.

Guaranteed debt obligations total \$1.4M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements.

Audited Financial Statements

INDEPENDENT AUDITORS' REPORT

To the Members of the Board, Five Hills Regional Health Authority

We have audited the accompanying financial statements of **Five Hills Regional Health Authority** which comprise the statement of financial position as at March 31, 2014, and the statements of operations and changes in fund balances, remeasurement gains and losses and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

One of the Authority's capital assets under construction is owned under a shared ownership arrangement with the Ministry of Health. This asset has been accounted for, as directed by the Ministry, on an apportioned net basis rather than at full gross cost, which constitutes a departure from Canadian public sector accounting standards.

Had the Authority stated the asset at full cost, the March 31, 2014 balance for construction in progress would have increased by \$36,154,900, accounts payable would have decreased by \$22,233,900, fund balance invested in capital assets would have been increased by \$58,388,800 and capital fund revenue would have increased by \$50,267,900. The March 31, 2013 balances for construction in progress, capital fund revenue, and fund balance invested in capital assets would have been increased by \$8,120,900.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2014, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

May 29, 2014
Regina, Saskatchewan

Virtus Group LLP
Chartered Accountants

Statement 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2014

	Operating Fund	Restricted Capital Fund	Community Trust Fund	Total March 31, 2014	Total March 31, 2013 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments	\$ 29,436,676	\$ 50,728,703	\$ 417,747	\$ 80,583,126	\$ 47,850,614
Accounts receivable					
Ministry of Health - General Revenue Fund	388,642	-	-	388,642	1,923,114
Other	1,190,280	180,529	19,838	1,390,647	1,174,063
Inventory	893,280	-	-	893,280	1,061,947
Prepaid expenses	882,437	-	-	882,437	745,300
	<u>32,791,315</u>	<u>50,909,232</u>	<u>437,585</u>	<u>84,138,132</u>	<u>52,755,038</u>
Investments (Note 2, Schedule 2)	17,728	125,018	160,862	303,608	745,274
Capital assets (Note 3)	-	25,754,938	-	25,754,938	17,775,323
Total Assets	<u>\$ 32,809,043</u>	<u>\$ 76,789,188</u>	<u>\$ 598,447</u>	<u>\$ 110,196,678</u>	<u>\$ 71,275,635</u>
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	\$ 10,839,767	\$ 22,242,775	\$ -	\$ 33,082,542	\$ 4,545,612
Accrued salaries	4,909,651	-	-	4,909,651	3,161,610
Vacation payable	6,342,513	-	-	6,342,513	6,448,473
Mortgages payable - Current (Note 5)	-	148,353	-	148,353	140,326
Deferred Revenue (Note 6)	6,224,947	-	-	6,224,947	7,295,200
	<u>28,316,878</u>	<u>22,391,128</u>	<u>-</u>	<u>50,708,006</u>	<u>21,591,221</u>
Long Term Liabilities					
Mortgages payable (Note 5)	-	1,241,274	-	1,241,274	1,389,433
Employee Future Benefits (Note 11)	3,064,300	-	-	3,064,300	3,127,100
Total Liabilities	<u>31,381,178</u>	<u>23,632,402</u>	<u>-</u>	<u>55,013,580</u>	<u>26,107,754</u>
Fund Balances					
Invested in capital assets	-	24,365,311	-	24,365,311	16,245,564
Externally restricted (Schedule 3)	-	1,187,437	598,447	1,785,884	9,475,349
Internally restricted (Schedule 4)	-	27,604,038	-	27,604,038	18,019,102
Unrestricted	1,427,865	-	-	1,427,865	1,427,866
Fund balances - (Statement 2)	<u>1,427,865</u>	<u>53,156,786</u>	<u>598,447</u>	<u>55,183,098</u>	<u>45,167,881</u>
Total Liabilities & Fund Balances	<u>\$ 32,809,043</u>	<u>\$ 76,789,188</u>	<u>\$ 598,447</u>	<u>\$ 110,196,678</u>	<u>\$ 71,275,635</u>

Contractual Obligations (Note 4)
 Asset Retirement Obligations (Note 4)
 Pension Plan (Note 11)

Approved by the Board of Directors:

L. (Kathy) Collicott

D. Be...

The accompanying notes and schedules are part of these financial statements.

**FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND
CHANGES IN FUND BALANCES
For the Year Ended March 31, 2014**

	Operating Fund			Restricted			
	Budget 2014	2014	2013 (Note 10)	Capital Fund 2014	Community Trust Fund 2014	Total 2014	Total 2013 (Note 10)
REVENUES							
Ministry of Health - general	\$ 138,618,980	\$ 143,441,183	\$ 136,981,016	\$ 1,947,182	\$ -	\$ 1,947,182	\$ 1,144,362
Other provincial	1,533,765	1,668,079	1,911,312	45,471	-	45,471	52,971
Federal government	231,505	225,356	264,564	-	-	-	-
Patient & client fees	3,650,800	3,685,466	3,762,179	-	-	-	-
Out of province (reciprocal)	889,300	862,003	878,562	-	-	-	-
Out of country	63,500	59,887	42,184	-	-	-	-
Donations	2,500	67,137	60,464	8,458,364	-	8,458,364	2,287,162
Ancillary	196,960	209,080	201,577	20,600	-	20,600	20,600
Investment	258,960	347,125	269,191	352,412	10,774	363,186	369,693
Recoveries	1,553,288	1,965,597	2,030,878	-	-	-	-
Other	22,700	15,427	23,835	11,538	-	11,538	19,488
Total revenues	147,022,258	152,546,340	146,425,752	10,835,567	10,774	10,846,341	3,894,276
EXPENSES							
Inpatient & resident services							
Nursing Administration	1,562,884	1,554,757	1,555,329	22,021	-	22,021	26,304
Acute	23,316,582	24,367,242	24,112,974	728,974	-	728,974	645,458
Supportive	34,451,297	35,257,609	33,968,503	197,877	-	197,877	170,414
Rehabilitation	-	-	-	-	-	-	-
Mental health & addictions	2,347,591	2,387,082	2,516,306	16,254	-	16,254	10,737
Total inpatient & resident services	61,678,354	63,566,690	62,153,112	965,126	-	965,126	852,913
Physician compensation							
Ambulatory care services	13,995,279	14,815,811	13,654,834	-	-	-	-
Diagnostic & therapeutic services	7,333,014	7,016,566	6,668,132	48,288	-	48,288	56,991
	12,791,573	12,436,670	11,755,723	415,936	-	415,936	528,998
Community health services							
Primary health care	2,394,298	1,953,749	1,516,019	149,998	-	149,998	181,187
Home care	8,434,063	8,898,450	8,459,705	20,566	74,691	95,257	89,997
Mental health & addictions	7,123,653	7,163,290	7,339,395	-	-	-	154
Population health	4,249,920	4,043,021	4,022,201	2,100	-	2,100	3,542
Emergency response services	3,017,128	2,989,822	2,980,567	636	-	636	636
Other community services	855,145	839,593	762,725	10,983	-	10,983	13,525
Total community health services	26,074,207	25,887,925	25,080,612	184,283	74,691	258,974	289,041
Support services							
Program support	7,228,412	7,191,513	6,584,787	63,554	-	63,554	73,713
Operational support	17,151,781	17,121,459	16,553,348	190,782	-	190,782	187,267
Other support	300,483	254,813	257,224	3,070,022	-	3,070,022	2,515,842
Employee Future Benefits	90,332	(62,800)	(63,600)	-	-	-	-
Total support services	24,771,008	24,504,985	23,331,759	3,324,358	-	3,324,358	2,776,822
Ancillary	192,216	136,135	145,957	-	-	-	-
Total expenses (Schedule 1)	146,835,651	148,364,782	142,790,129	4,937,991	74,691	5,012,682	4,504,365
Excess (deficiency) of revenues over expenses	\$ 186,607	4,181,558	3,635,623	5,897,576	(63,917)	5,833,659	(610,089)
Interfund Transfers							
Capital Asset Purchases		(3,936,600)	-	3,952,852	(16,252)	3,936,600	
Mortgage Payment		(186,610)	(186,610)	186,610	-	186,610	186,610
SHC reserves		(58,349)	(58,349)	58,349	-	58,349	58,349
Total Interfund Transfers (Note 14)		(4,181,559)	(244,959)	4,197,811	(16,252)	4,181,559	244,959
Remeasurement Gains (Losses)		-	-	-	-	-	-
Increase (decrease) in fund balances		(1)	3,390,664	10,095,387	(80,169)	10,015,218	(365,130)
Fund balances, beginning of year		1,427,866	(1,962,798)	43,061,399	678,616	43,740,015	44,105,145
Fund balances, end of year	\$ 1,427,865	\$ 1,427,866	\$ 53,156,786	\$ 598,447	\$ 53,755,233	\$ 43,740,015	

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
For the Year Ended March 31, 2014

	2014	2013
Accumulated remeasurement gains, beginning of year	\$ -	\$ -
Unrealized gain (losses) attributed to:		
Investments (Note 2, Schedule 2)	-	-
Realized gains (losses), reclassified to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
Net remeasurement gains for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these consolidated financial statements.

Statement 4

**FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2014**

	Operating Fund		Restricted Fund		Total	
	2014	2013 (Note 10)	Capital Fund	Community Trust Fund	2014	2013 (Note 10)
Cash Provided by (used in):						
Operating activities						
Excess (deficiency) of revenue over expenses	\$ 4,181,558	\$ 3,635,623	\$ 5,897,576	\$ (63,917)	\$ 5,833,659	\$ (610,089)
Net change in non-cash working capital (Note 7)	6,699,632	2,995,218	23,677,802	17,942	23,695,744	(1,596,026)
Amortization of capital assets	-	-	4,300,955	-	4,300,955	4,290,586
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	<u>10,881,190</u>	<u>6,630,841</u>	<u>33,876,333</u>	<u>(45,975)</u>	<u>33,830,358</u>	<u>2,084,471</u>
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(9,705,069)	-	(9,705,069)	(2,689,369)
Equipment	-	-	(2,575,500)	-	(2,575,500)	(1,220,077)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	<u>-</u>	<u>-</u>	<u>(12,280,569)</u>	<u>-</u>	<u>(12,280,569)</u>	<u>(3,909,446)</u>
Investing Activities						
(Purchase) Sale of long-term investment	61,406	16,795	189,472	190,788	380,260	591,657
	<u>61,406</u>	<u>16,795</u>	<u>189,472</u>	<u>190,788</u>	<u>380,260</u>	<u>591,657</u>
Financing Activities						
Repayment of debt	-	-	(140,133)	-	(140,133)	(132,430)
	<u>-</u>	<u>-</u>	<u>(140,133)</u>	<u>-</u>	<u>(140,133)</u>	<u>(132,430)</u>
Net increase in cash & short term investments during the year	10,942,596	6,647,636	21,645,103	144,813	21,789,916	(1,365,748)
Cash & short term investments, beginning of year	22,675,639	16,272,962	24,885,789	289,186	25,174,975	26,295,764
Interfund transfers (Note 14)	(4,181,559)	(244,959)	4,197,811	(16,252)	4,181,559	244,959
Cash & short term investments, end of year (Schedule 2)	<u>\$ 29,436,676</u>	<u>\$ 22,675,639</u>	<u>\$ 50,728,703</u>	<u>\$ 417,747</u>	<u>\$ 51,146,450</u>	<u>\$ 25,174,975</u>

The accompanying notes and schedules are part of these financial statements.

**FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2014**

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a non-profit organization and is not subject to income or property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada (Chartered Professional Accountants). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

- i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

- ii) The following affiliates are incorporated as follows (and are registered charities under the *Income Tax Act*):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) Employee Future Benefits

i) Pension plan

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed. As at March 31, 2014 (2013 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are classified as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Capital Assets

	March 31, 2014			March 31, 2013
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 1,113,571	\$ -	\$ 1,113,571	\$ 1,113,571
Land Improvements	765,380	556,382	208,998	198,435
Buildings	44,518,697	37,382,345	7,136,352	8,639,173
Equipment	36,023,194	29,488,938	6,534,256	6,652,845
Construction in progress	10,761,761	-	10,761,761	1,171,299
	<u>\$ 93,182,603</u>	<u>\$ 67,427,665</u>	<u>\$ 25,754,938</u>	<u>\$ 17,775,323</u>

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2014, contractual obligations for the acquisition of capital assets were \$52,889,673 (2013 - \$81,386,157). The total contractual obligation includes an amount for the construction of a new hospital \$48,703,740 (2013 - \$80,992,670). A co-ownership agreement exists with the Ministry of Health who will assume 74.52% of both the asset and the contractual obligation \$36,294,027 (2013 - \$60,357,854).

b) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2014. Note 9 b) provides supplementary information on Health Care Organizations.

c) Asset Retirement Obligations

The RHA has an asset retirement obligation for the demolition of the existing hospital in Moose Jaw, which will be completed once the new facility is constructed and operational. The total cost for this obligation is included in the contractual obligation for the construction contract disclosed in Note 4 a) above.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2014	2013
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	\$22,877 principal & interest. Mortgage renewal date - November 1, 2016	\$56,763	\$76,063
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	\$7,229 principal & interest. Mortgage renewal date - July 1, 2019	32,263	37,124
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	\$95,747 principal & interest of which \$22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	698,730	721,386
Regency Manor CMHC, due August 1, 2019	4.37%	\$99,558 principal & interest of which \$23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	479,842	556,790
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	\$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	46,547	49,270
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	\$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	75,482	89,127
			<u>\$1,389,627</u>	<u>\$1,529,759</u>
Less: Current portion			<u>148,353</u>	<u>140,326</u>
			<u>\$1,241,274</u>	<u>\$1,389,433</u>

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2015	\$ 148,353
2016	157,130
2017	166,508
2018	176,536
2019	187,265
2020 and subsequent	553,835

6. Deferred Revenue

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	\$ -	\$ -	\$ -	\$ -
On site Emergency Room Medical Remuneration	350,000	2,497,672	2,147,672	-
Family Support and Rehab	67,891	-	-	67,891
Approved home enhancements	76,080	55,409	61,680	82,351
Alt Physician Pymt C Butte	15,564	62,164	46,600	-
Alt Physician Pymt Moose Jaw	96,771	1,349,940	1,393,123	139,954
Alt Physician Pymt Craik	168,468	270,283	309,843	208,028
Alt Phys Pymt Teen Wellness	17,808	8,354	13,190	22,644
Needle Exchange	13,418	29,418	16,000	-
Primary Health Care Central Butte Site	72,837	202,353	265,600	136,084
Primary Health Care Craik	31,538	138,399	137,600	30,739
Primary Health Care Moose Jaw	85,443	44,076	85,000	126,367
Renal Dialysis Project	76,217	76,217	-	-
HIPA Implementation	7,105	-	-	7,105
Aboriginal Awareness Training	35,925	-	10,000	45,925
SIMS/PHIS	10,403	10,403	-	-
Addictions Cross Training	62,539	142,539	80,000	-
Addictions	16,144	94,976	85,700	6,868
Addictions Community Supports	-	259,000	259,000	-
Joint Replacement Surgery - Pathway	356,056	-	-	356,056
Safestart Program Quality Workplace	58,593	21,107	10,000	47,486
Nursing Education/Professional Development RN/RPM	28,598	-	-	28,598
Nursing Education/Professional Development LPN	6,893	-	-	6,893
Nurse Mentorship Initiative	104,435	51,376	65,000	118,059
Safety Training Initiatives (OH&S)	57,331	-	-	57,331
Addictions Secure Youth Detox	29,468	114,602	101,110	15,976
Public Health Capacity	303,340	-	-	303,340

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Infection Control - Prevention/Control	162,221	81,279	-	80,942
MDS Home Care	37,503	17,503	-	20,000
Autism Services	143,659	361,823	296,000	77,836
Physician Funding Kincaid	254,448	-	-	254,448
Physician Funding Anesthesia	98,358	54,574	-	43,784
Renal Dialysis funding 0809	274,945	420,610	145,665	-
Telehealth Expansion Gravelbourg	10,008	-	-	10,008
Residential Detox - clinical supervisor	152,787	226,831	125,000	50,956
New Hospital Helipad	162,000	25,040	-	136,960
Bursary Program For Health Students	17,500	30,000	20,000	7,500
Phe Greenfield Innovation M Jaw	217,100	525,500	308,400	-
Alternate Payt Project Geriatrics	52,846	68,601	63,415	47,660
Integration Training PHC & MIHAS	50,000	50,000	-	-
Sask Surg Init Perioperative Training	11,882	40,502	28,620	-
Hiv Strategy-Needle Exchange Expansion	20,000	492	-	19,508
Pandemic H1N1	180,678	-	-	180,678
Physician Issues	1,388	1,388	-	-
High Risk Youth	154,570	148,872	-	5,698
Shared Decision Making	30,956	20,956	-	10,000
Enhanced Preventative Dental	52,305	43,960	-	8,345
Primary Health Care - South Pharm Servs	48,005	31,213	40,000	56,792
Healthcare Assoc Infection Surveillance	-	-	50,000	50,000
Nurse Practitioner Recruitment	-	-	20,000	20,000
Locus Provincial Implementation	-	23,000	27,900	4,900
Urgent Issues Fund - long term care	-	200,037	600,000	399,963
Surgical Initiatives	1,686,489	618,223	526,500	1,594,766
Total Sask Health	\$ 5,968,513	\$ 8,418,692	\$ 7,338,618	\$ 4,888,439
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	\$ 79,393	\$ 701,696	\$ 686,208	\$ 63,905
Sask Learning - General Revenue Fund - Kids First Non Targeted	5,433	67,724	75,385	13,094
Sask Social Services - General Revenue Fund - Family Outreach Program	91,957	170,553	229,466	150,870
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,416	-	-	1,416
Ehealth Sask-Pharm Medstations	300,000	-	-	300,000
3S Health Enhanced Preventative Dental	8,304	8,304	-	-
3S Health-Gateway Online Phase I	22,500	22,500	-	-
Other - Special Needs	13,442	20,360	6,918	-

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
Other - SGI ABI Prov Coord Adv	-	103,508	130,161	26,653
Other - SGI ABI Comm Coord Adv	-	88,623	111,444	22,821
Other - SGI ABI Independent Living Adv	-	51,745	51,745	-
Other - SGI ABI Comm Coord	71,914	-	-	71,914
Other - SGI ABI Prov Coord	17,228	-	-	17,228
Other - SGI ABI Independent Living	13,061	-	-	13,061
RQRHA Autism Regional Occup Therapy	37,780	-	-	37,780
RQRHA Family Medical Resident Prog	-	5,825	10,603	4,778
Saskatoon RHA-Phc-New Framework (Greenfield Innovation)	200,000	75,369	-	124,631
Smoking Cessation- Baby's Best Start	-	83	8,000	7,917
Creating Our Future	-	-	400	400
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	15,004	8,948	3,540	9,596
Other - MJ Health Foundation	20,072	13,200	-	6,872
Other - MJHF (Operating Equipment)	86,355	20,152	31,078	97,281
Other - Assiniboia Union Hospital	7,733	-	-	7,733
Other - Central Butte Regency Hospital	59,024	-	-	59,024
Other - Craik Health Centre	10,013	-	-	10,013
Other - Home Care Palliative	27,952	2,992	-	24,960
Other - First Nations Health Support	18,451	-	-	18,451
Other - Pioneer MJ Mortlach Mgmt Bd	607	-	-	607
Other - Cdn Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	62,256	-	-	62,256
Other - Patient rent received in advance	49,718	49,717	63,414	63,415
Other - Homecare Moose Jaw Nursing	6,000	-	-	6,000
Other - Community Youth Program	25,281	103,397	104,155	26,039
Other - HQC Pursuing Excellence	7,273	-	-	7,273
Other - miscellaneous	20,035	-	12,000	32,035
Total Non Sask Health	\$ 1,326,687	\$ 1,514,696	\$ 1,524,517	\$ 1,336,508
Total Deferred Revenue	\$ 7,295,200	\$ 9,933,388	\$ 8,863,135	\$ 6,224,947

As at March 31, 2013	Balance	Less Amount	Add Amount	Balance End of
Sask Health Initiatives	<u>Beginning of Year</u>	<u>Recognized</u>	<u>Received</u>	<u>Year</u>
Saskatchewan Health – General Revenue Fund	\$ -	\$ -	\$ -	\$ -
On site Emergency Room Medical Remuneration	156,149	2,303,821	2,497,672	350,000
Family Support and Rehab	67,891	-	-	67,891
Approved home enhancements	69,443	55,043	61,680	76,080
Surgical Access	7,454	7,454	-	-
CT Evaluation	16,110	16,110	-	-
Alt Physician Pymt C Butte	333,488	705,428	387,504	15,564
Alt Physician Pymt Moose Jaw	96,771	765,052	765,052	96,771
Alt Physician Pymt Craik	17,484	235,859	386,843	168,468
Alt Phys Pymt Teen Wellness	26,004	21,386	13,190	17,808
Professn'l Development Fund	19,352	19,352	-	-
Workforce Retention - Dementia Care Training	1,924	1,924	-	-
Needle Exchange	30,508	33,090	16,000	13,418
Undesig Medical Remuneration	186,205	186,205	-	-
Primary Health Care Central Butte Site	174,823	367,586	265,600	72,837
Primary Health Care Craik	16,675	142,950	157,813	31,538
Primary Health Care Moose Jaw	73,086	72,643	85,000	85,443
Renal Dialysis Project	86,859	10,642	-	76,217
HIPA Implementation	7,105	-	-	7,105
Aboriginal Awareness Training	25,925	-	10,000	35,925
SIMS/PHIS	10,403	-	-	10,403
Addictions Cross Training	40,681	58,142	80,000	62,539
Addictions	11,741	75,597	80,000	16,144
Addictions Community Supports	33,924	292,924	259,000	-
Joint Replacement Surgery - Hip Knee Pathway	356,056	-	-	356,056
Safestart Program Quality Workplace	52,687	4,094	10,000	58,593
Nursing Education/Professional Development RN/RPM	50,737	22,139	-	28,598
Nursing Education/Professional Development LPN	6,893	-	-	6,893
Recruitment initiatives	30,000	30,000	-	-
Nurse Mentorship Initiative	80,700	41,265	65,000	104,435
Safety Training Initiatives (OH&S)	59,024	1,693	-	57,331
Addictions Secure Youth Detox	63,458	135,100	101,110	29,468
Public Health Capacity	267,840	-	35,500	303,340

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Infection Control	103,384	-	-	103,384
Infection Control - Prevention and Control	124,311	65,474	-	58,837
MDS Home Care	37,503	-	-	37,503
Autism Services	123,075	298,216	318,800	143,659
Physician Funding Kincaid	121,686	17,869	150,631	254,448
Physician Funding Anesthesia	138,698	43,784	3,444	98,358
Renal Dialysis funding 0809	274,945	-	-	274,945
Telehealth Expansion Gravelbourg	10,008	-	-	10,008
Residential Detox - clinical supervisor	332,901	305,114	125,000	152,787
New Hospital Helipad	-	-	162,000	162,000
Bursary Program For Health Students	-	2,500	20,000	17,500
Phc Greenfield Innovation M Jaw	-	60,000	277,100	217,100
Alternate Payt Project Geriatrics	-	-	52,846	52,846
Integration Training Phc & Mh Addictions	-	-	50,000	50,000
Sask Surgical Init Perioperative Nurse Training	-	16,738	28,620	11,882
Hiv Strategy-Needle Exchange Expansion	-	-	20,000	20,000
Pandemic H1N1	180,678	-	-	180,678
Physician Issues	1,388	-	-	1,388
High Risk Youth	-	602,343	756,913	154,570
Shared Decision Making	30,956	-	-	30,956
SIPPA stipend	11,165	11,165	-	-
Enhanced Preventative Dental	26,305	-	26,000	52,305
Primary Health Care - South Pharmacy Services	40,000	31,995	40,000	48,005
Surgical Initiatives	751,826	371,527	1,306,190	1,686,489
Total Sask Health	\$ 4,786,229	\$ 7,432,224	\$ 8,614,508	\$ 5,968,513
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	\$ 109,648	\$ 705,363	\$ 675,108	\$ 79,393
Sask Learning - General Revenue Fund - Kids First Non Targeted	7,447	76,779	74,765	5,433
Sask Social Services - General Revenue Fund - Family Outreach Program	104,291	203,151	190,817	91,957
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,416	-	-	1,416
Ehealth Sask-Pharm Medstations	-	-	300,000	300,000
3S Health Enhanced Preventative Dental	26,259	17,955	-	8,304
3Shealth-Gateway Online Phase I	-	7,500	30,000	22,500
Other - Special Needs	78,192	72,750	8,000	13,442

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
Other - SGI Acquired Brain Injury Prov Coord Adv	-	100,493	100,493	-
Other - SGI Acquired Brain Injury Comm Coord Adv	-	86,042	86,042	-
Other - SGI Acquired Brain Injury Independent Living Adv	-	50,238	50,238	-
Other - SGI Acquired Brain Injury Comm Coord	64,106	-	7,808	71,914
Other - SGI Acquired Brain Injury Prov Coord	11,505	-	5,723	17,228
Other - SGI Acquired Brain Injury Independent Living	14,902	1,841	-	13,061
RQRHA Autism Regional Occup Therapy	37,780	30,000	30,000	37,780
Saskatoon RHA-Phe-New Framework (Greenfield Innovation)	-	-	200,000	200,000
RNAO Best Practice Smoking Cessation	6,778	6,778	-	-
GST Rebate Claim LTC	214,358	214,358	-	-
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	16,475	1,471	-	15,004
Other - MJ Health Foundation	20,072	-	-	20,072
Other - MJHF (Operating Equipment)	-	-	86,355	86,355
Other - Assiniboia Union Hospital	7,733	-	-	7,733
Other - Central Butte Regency Hospital	59,024	-	-	59,024
Other - Craik Health Centre	19,900	9,887	-	10,013
Other - Home Care Palliative	18,673	-	9,279	27,952
Other - First Nations Health Employer Support	18,451	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	-	-	607
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	107,005	44,749	-	62,256
Other - Patient rent received in advance	92,960	92,961	49,719	49,718
Other - Homecare Moose Jaw Nursing	-	-	6,000	6,000
Other - Community Youth Program	22,544	98,385	101,122	25,281
Other - HQC Pursuing Excellence	25,000	17,727	-	7,273
Other - miscellaneous	21,876	1,841	-	20,035
Total Non Sask Health	\$ 1,155,487	\$ 1,840,269	\$ 2,011,469	\$ 1,326,687
Total Deferred Revenue	\$ 5,941,716	\$ 9,272,493	\$ 10,625,977	\$ 7,295,200

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2014	2013	Capital Fund	Community Trust Fund	Total 2014	Total 2013
(Increase) Decrease in accounts receivable	\$ (144,617)	\$ 132,048	\$ 1,444,563	\$ 17,942	\$ 1,462,505	\$ (1,594,207)
(Increase) in inventory	168,667	108,249			-	-
(Increase) Decrease in prepaid expenses	(137,137)	260,996			-	-
Increase (Decrease) in accounts payable	6,303,691	436,324	22,233,239		22,233,239	(1,819)
Increase in accrued salaries	1,748,041	955,882			-	-
Increase in vacation payable	(105,960)	(188,165)			-	-
Increase in deferred revenue	(1,070,253)	1,353,484			-	-
(Decrease) Increase in employee future benefits	(62,800)	(63,600)			-	-
	<u>\$ 6,699,632</u>	<u>\$ 2,995,218</u>	<u>\$ 23,677,802</u>	<u>\$ 17,942</u>	<u>\$ 23,695,744</u>	<u>\$ (1,596,026)</u>

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2014 is \$2,391 (2013 - \$2,700) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2014	2013
Revenues		
Workers Compensation	\$ 473,679	\$ 370,551
Ministry of Education	863,820	883,142
	<u>\$ 1,337,499</u>	<u>\$ 1,253,693</u>

	2014	2013
Expenses		
3S Health	\$ 3,683,480	\$ 3,561,137
Saskatchewan Health Employees Pension Plan	5,242,319	4,956,251
Saskatchewan Energy	415,904	340,438
Saskatchewan Power	848,487	809,411
Ministry of Govt Services	400,515	399,269
eHealth Sask	166,030	150,620
Sask Tel	283,256	274,856
Valleyview	692,280	714,756
Workers Compensation	1,030,121	1,128,391
	<u>\$ 12,762,392</u>	<u>\$ 12,335,129</u>
Prepaid Expenses		
Workers Compensation	\$ 266,460	\$ 264,628
3S Health	5,555	-
	<u>\$ 272,015</u>	<u>\$ 264,628</u>
Accounts Payable		
3S Health	\$ 247,733	\$ 245,273
	<u>\$ 247,733</u>	<u>\$ 245,273</u>

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2014	2013
Extendicare (Canada) Inc.	\$ 6,834,436	\$ 6,467,480
Canadian Mental Health Association	13,181	13,050
Thunder Creek Rehabilitation Association Inc.	2,076,473	2,281,298
Lifeline Ambulance Service Inc.	1,959,063	1,963,663
Hutch Ambulance Service Inc.	641,920	635,920
	<u>\$ 11,525,073</u>	<u>\$ 11,361,411</u>

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions.

There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2014	2013
Providence Place for Holistic Health Inc.	\$ 14,671,823	\$ 13,839,461
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	5,651,110	5,146,644
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	323,303	320,703
	<u>\$ 20,646,236</u>	<u>\$ 19,306,808</u>

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2014 and 2013.

	Total 2014	Total 2013
Balance Sheet		
Assets	\$5,135,661	\$4,386,245
Net Capital Assets	21,817,636	22,362,276
Total Assets	<u>\$26,953,297</u>	<u>\$26,748,521</u>
Total Liabilities	\$5,442,160	\$4,732,103
Total Net Assets	<u>21,511,137</u>	<u>22,016,418</u>
	<u>\$26,953,297</u>	<u>\$26,748,521</u>
	Total 2014	Total 2013
Results of Operations		
RHA Grant	\$20,441,288	\$20,029,098
Other Revenue	4,584,012	4,887,115
Total Revenue	<u>\$25,025,300</u>	<u>\$24,916,213</u>
Salaries & Benefits	\$20,316,543	\$19,625,922
Other Expenses*	5,255,495	5,234,476
Total Expenses	<u>\$25,572,038</u>	<u>\$24,860,398</u>
Excess Revenue over Expenses	<u>(\$546,738)</u>	<u>\$55,815</u>

* Other Expenses includes amortization of \$1,184,132 (2013-\$1,191,195)

	Total 2014	Total 2013
Cash Flows		
Cash from Operations	\$162,395	(\$207,464)
Cash used in financing activities	461,740	648,363
Cash used in Investing activities	(461,716)	(648,324)
Increase (decrease) in cash	\$162,419	(\$207,425)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, \$2,900,462 (2013 - \$1,887,383) of the foundation's net assets must be used to purchase specialized equipment. In 2013, the foundation's total expenses include contributions of \$598,224 (2012 - \$513,300) to the RHA.

10. Comparative Information

Certain prior period balances have been reclassified to conform with the current year's presentation.

11. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.
4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) - This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions noted below.

	2014					2013
	SHEPP ¹	PSSP	PEPP	MEPP	Total	Total
Number of active members	1,201		20	0	1,221	1,190
Member contribution rate, percentage of salary	7.70-10.00%*	7.00-9.00%*	5.00-7.00%*	6.40-6.40%*		
RHA contribution rate, percentage of salary	8.624-11.2%*	29.19-37.53%*	5.00-7.00%*	6.40-6.40%*		
Member contributions (thousands of dollars)	4,681		88		4,769	4,498
RHA contributions (thousands of dollars)	5,242		89		5,331	5,042

* Contribution rate varies based on employee group.

1. Active members include all employees of the RHA, including those on leave of absence as of March 31, 2014. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them. SHEPP contribution rates will increase on December 15, 2013 (i.e., from 7.70% to 8.10% and from 10.00% to 10.70% for members; RHA contribution rates increased by the same proportion).

Pension Plan contribution rates have increased as a result of recent deficiencies in the plan. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated sick leave benefit liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA had completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2014. Key assumptions used as inputs into the actuarial calculation are as follows:

Actuarial Assumptions as of:	March 31, 2013	March 31, 2014/2015																				
Discount rate:	2.50% per annum	2.85% per annum ⁽¹⁾																				
Mortality rates:	UP-1994 Mortality Table projected to 2020 using Scale AA	CPM 2014 Public Table with 2D Projections using CPM Scale B																				
Earnings increase for seniority, merit and promotion:	For ages 15 to 29 2.0% per annum For ages 30 to 39 1.5% per annum For ages 40 to 49 1.0% per annum For ages 50 to 59 0.5% per annum For ages 60 and over 0.0% per annum, plus 2.0% per annum for SUN members at 20 years of service																					
Termination rates:	Sample rates shown below: <table><tr><th>Age</th><th>Rate</th></tr><tr><td>20</td><td>0.119</td></tr><tr><td>25</td><td>0.084</td></tr><tr><td>30</td><td>0.056</td></tr><tr><td>35</td><td>0.045</td></tr><tr><td>40</td><td>0.035</td></tr><tr><td>45</td><td>0.030</td></tr><tr><td>50</td><td>0.025</td></tr><tr><td>55</td><td>0.015</td></tr><tr><td>60</td><td>0.010</td></tr></table>		Age	Rate	20	0.119	25	0.084	30	0.056	35	0.045	40	0.035	45	0.030	50	0.025	55	0.015	60	0.010
Age	Rate																					
20	0.119																					
25	0.084																					
30	0.056																					
35	0.045																					
40	0.035																					
45	0.030																					
50	0.025																					
55	0.015																					
60	0.010																					
Retirement rates:	Before member reaches Rule of 80 (age plus service equals at least 80): 2% at age 55 for members who have between 10 and 22 years of service 1% at age 60 for members who have between 6 and 9 years of service 4% at age 60 for members who have between 10 and 17 years of service 0% at all other ages and service where member does not meet Rule of 80 After member reaches Rule of 80: 8% for ages under 55 35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points) 25% at age 55 for members who have at least 27 years of service (at least 82 points) 12% for ages between 56 and 59 where the member has between 80 and 81 points 8% for ages between 56 and 59 where member has at least 82 points 25% for ages between 60 and 61 where the member has between 80 and 81 points 19% for ages between 60 and 61 where the member has at least 82 points 19% for ages between 62 and 64 Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100% Retirement rates at any other combination of age and service not described above are 0%																					

⁽¹⁾ Discount rate at March 31, 2015 assumed to be the same rate as of March 31, 2014

	2014	2013
Accrued benefit obligation, beginning of year	\$ 3,127,100	\$ 3,190,700
Cost for the year	459,900	453,900
Benefits paid during the year	522,700	517,500
Accrued benefit obligation, end of year	\$ 3,064,300	\$ 3,127,100

12. Budget

The RHA Board approved the 2013-2014 budget plan on May 29, 2013.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practises of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2014	2013
Cash and short-term investments	\$ 80,583,126	\$ 47,850,614
Accounts receivable		
Ministry of Health - General Revenue Fund	388,642	1,923,114
Other	1,390,647	1,174,063
Investments	303,608	745,274
	\$ 82,666,023	\$ 51,693,065

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

a. Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

b. Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2014 and 2013 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, 2014 had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately \$0 (2013 - \$0), approximately 0% of the fair value of investments (2013 - 0%).

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2014 the RHA has a cash balance of \$80,583,125 (2013 - \$47,850,614).

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is \$1,517,863 (2013 - \$1,628,588) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized

into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.

Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.

Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2013 or 2014.

There were no items transferred between levels in 2013 or 2014.

	2014			2013		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mortgages payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

g) Short-term Borrowing/Operating Line-of-credit:

Short-term borrowings are secured by assignment of future grant funding and bears interest rate at prime plus 1%, which is due on demand. Total interest paid on the short-term borrowings in 2014 was \$0 (2013 - \$0).

The RHA has a line-of-credit limit of \$1,000,000 (2013 - \$1,000,000) with an interest rate of prime plus 1%. The line-of-credit is secured by assignment of future grant funding. Total interest paid on the line-of-credit in 2013-14 was \$0 (2013- \$0).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2014			2013		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	\$ (3,936,600)	\$ 3,952,852	\$ (16,252)	\$ -	\$ 4,989	\$ (4,989)
Mortgage repayment	(186,610)	186,610	-	(186,610)	186,610	-
SIIC reserves	(58,349)	58,349	-	(58,349)	58,349	-
	<u>\$ (4,181,559)</u>	<u>\$ 4,197,811</u>	<u>\$ (16,252)</u>	<u>\$ (244,959)</u>	<u>\$ 249,948</u>	<u>\$ (4,989)</u>

15. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) contract expired March 31, 2013. Contract negotiations continue, however, information is not yet available to estimate retro wage payable.

16. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employee performance is not yet available.

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2014

	Budget 2014	Actual 2014	Actual 2013
Operating:			
Advertising & public relations	\$ 65,960	\$ 58,153	\$ 68,853
Board costs	120,764	76,843	73,470
Compensation - benefits	13,945,147	13,698,283	13,058,827
Compensation - employee future benefits	90,332	(62,800)	(63,600)
Compensation - salaries	67,603,053	69,345,201	67,679,768
Continuing education fees & materials	258,910	219,058	247,552
Contracted-out services - other	2,268,118	2,214,795	2,437,323
Diagnostic imaging supplies	182,921	145,210	138,413
Dietary supplies	134,645	133,129	126,460
Drugs	2,048,011	1,583,999	1,588,116
Food	1,244,888	1,153,893	1,128,172
Grants to ambulance services	2,944,286	2,924,286	2,920,286
Grants to health care organizations & affiliates	27,408,058	28,387,845	27,192,741
Housekeeping & laundry supplies	628,999	581,087	537,857
Information technology contracts	679,737	622,102	556,193
Insurance	300,483	221,467	242,515
Interest	3,345	2,222	2,665
Laboratory supplies	1,192,141	1,067,182	981,135
Medical & surgical supplies	2,998,880	3,037,103	2,714,448
Medical remuneration & benefits	13,663,125	14,213,531	13,142,511
Meetings	24,000	23,664	38,012
Office supplies & other office costs	697,172	595,534	565,939
Other	47,576	114,846	32,865
Professional fees	717,741	758,239	662,622
Prosthetics	822,276	719,107	717,569
Purchased salaries	251,930	237,055	203,900
Rent/lease/purchase costs	1,437,933	1,586,524	1,565,003
Repairs & maintenance	1,717,493	1,719,128	1,520,769
Supplies - other	278,437	183,666	145,339
Therapeutic supplies	75,500	71,901	74,418
Travel	1,083,545	1,229,558	1,123,767
Utilities	1,900,245	1,502,971	1,366,221
Total Operating Expenses	\$ 146,835,651	\$ 148,364,782	\$ 142,790,129
Restricted:			
Amortization		\$ 4,300,955	\$ 4,290,586
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		109,668	117,419
Other		602,059	96,360
		\$ 5,012,682	\$ 4,504,365

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2014

	Fair Value	Maturity	Effective Rate	Coupon Rate
<u>Restricted Investments*</u>				
Cash and Short Term				
Chequing and Savings:				
Concentra	\$ 50,656,443			
RBC Dominion Securities	-			
	<u>\$ 50,656,443</u>			
Bond/Mutual Fund:				
RBC Invest Savings Acct	\$ 56,864	n/a		
ICICI Bank GIC	95,000	9/9/2014	2.73%	2.73%
Manulife Bank GIC	55,580	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	63,527	12/24/2014	min 1%	min 1%
NATCAN	48,666	6/10/2014	3.96%	3.96%
National Bank of Canada	48,666	6/10/2014	3.96%	3.96%
Bank of Nova Scotia	121,704	12/6/2014	2.10%	2.10%
	<u>\$ 490,007</u>			
Total Cash & Short Term Investments	<u>\$ 51,146,450</u>			
Long Term				
AGF Trust GIC	\$ 133,112	4/7/2015	3.11%	3.11%
National Bank of Canada	56,909	6/15/2015	2.71%	2.71%
Home Trust GIC	42,558	6/6/2016	2.05%	2.05%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Homequity Bank GIC	10,325	3/6/2019	2.60%	2.60%
Total Long Term Investments	<u>\$ 285,880</u>			
Total Restricted Investments	<u>\$ 51,432,330</u>			
<u>Unrestricted Investments</u>				
Cash and Short Term				
Chequing and Savings:				
Concentra	\$ 29,335,208			
Royal Bank	5,782			
RBC Dominion Securities	1,886			
Cash on hand	8,945			
	<u>\$ 29,351,821</u>			
Homequity Bank GIC	\$ 64,350	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	14,784	12/24/2014	min 1%	min 1%
RBC Invest Savings Acct	5,721	n/a		
Total Cash & Short Term Investments	<u>\$ 29,436,676</u>			
Long Term				
Home Trust GIC	\$ 17,728	6/4/2015	2.05%	2.05%
Total Long Term Investments	<u>\$ 17,728</u>			
Total Unrestricted Investments	<u>\$ 29,454,404</u>			
Total Investments	<u>\$ 80,886,734</u>			
<u>Restricted & Unrestricted Totals</u>				
Total Cash & Short Term	\$ 80,583,126			
Total Long Term	\$ 303,608			
Total Investments	<u>\$ 80,886,734</u>			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

**FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2014**

COMMUNITY TRUST FUND EQUITY

<u>Trust Name</u>	<u>Balance Beginning of Year</u>	<u>Investment & Other Revenue</u>	<u>Donation</u>	<u>Expenses</u>	<u>Withdrawals</u>	<u>Balance End of Year</u>
Moose Jaw Union Hospital - Haggerty	\$ 19,521	\$ 836	\$ -	\$ -	\$ -	\$ 20,357
Moose Jaw Union Hospital - Elsom/Mutrie	14,605	184	-	-	-	14,789
Craik Health Centre	133,691	1,681	-	-	-	135,372
Thunder Creek Home Care	509,771	8,061	-	74,692	16,252	426,888
South Country	1,028	13	-	-	-	1,041
Total Community Trust Fund	\$ 678,616	\$ 10,775	\$ -	\$ 74,692	\$ 16,252	\$ 598,447

CAPITAL FUND

	<u>Balance Beginning of Year</u>	<u>Investment & Other Income</u>	<u>Capital Grant Funding</u>	<u>Expenses</u>	<u>Transfer to Investment in Capital Asset Fund Balance</u>	<u>Balance End of Year</u>
Ministry of Health - Capital Projects	\$ 8,589,732	\$ -	\$ 885,000	\$ 522,368	\$ 7,971,928	\$ 980,436
Moose Jaw Health Foundation - diagnostic imaging	207,001	-	-	-	-	207,001
Total Capital Fund	\$ 8,796,733	\$ -	\$ 885,000	\$ 522,368	\$ 7,971,928	\$ 1,187,437

**TOTAL EXTERNALLY
RESTRICTED REVENUE**

\$ 9,475,349 \$ 10,775 \$ 885,000 \$ 597,060 \$ 7,988,180 \$ 1,785,884

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2014

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital						
Replacement Reserves						
Assiniboia Pioneer Lodge	\$ 119,695	\$ 1,650	\$ 23,866	\$ -	\$ -	\$ 145,211
Pioneer Housing - Lodge (Moose Jaw)	221,027	3,000	14,833	-	-	238,860
Pioneer Housing - Units (Moose Jaw)	270,811	2,800	12,000	-	-	285,611
Regency Manor	184,600	2,350	7,650	-	-	194,600
Total SHC	796,133	9,800	58,349	-	-	864,282
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cumulative surplus	17,199,125	-	186,610	-	9,330,177	26,715,912
Total Capital	\$ 18,019,102	\$ 9,800	\$ 244,959	\$ -	\$ 9,330,177	\$ 27,604,038
Total Internally Restricted Funds						
	\$ 18,019,102	\$ 9,800	\$ 244,959	\$ -	\$ 9,330,177	\$ 27,604,038

**FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2014**

RHA Members	2014							2013
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Elizabeth Collicott	\$ 9,960	\$ 12,347	\$ 2,025	\$ 2,694	\$ 1,134	\$ -	\$ 28,160	\$ 23,453
Grant Berger		2,488	700	975		53	4,216	3,355
Janet Day		3,400	1,225	1,225	784	102	6,736	11,687
Kenneth Hawkes ^I		-					-	1,388
Alvin Klassen		3,963	1,400	2,558	784	101	8,806	9,622
Tracey Kuffner		3,063	1,438	3,078	784	93	8,456	8,581
Brian Martynook		3,325	150	815	784	74	5,148	9,632
Cecilia Mulhern		3,513	1,750	2,392	784	131	8,570	9,312
Christine Racic		1,600	175	287	784	21	2,867	3,556
George Reaves		3,238	1,075	1,894	784		6,991	6,638
Jeffrey Reihl ^{II}		-					-	200
Donald Shanner		3,413	125	555	784	61	4,938	7,865
Total	\$ 9,960	\$ 40,350	\$ 10,063	\$ 16,473	\$ 7,406	\$ 636	\$ 84,888	\$ 95,289

I. Kenneth Hawkes resigned May 2012.

II. Jeffrey Reihl resigned May 2012.

¹ Retainer: A monthly retained is paid to chairperson; retainer to be paid on a monthly basis.

² Per Diem:

Maximum per diem is: \$300 for Chairperson
\$200 for members

Maximum hourly rate: \$37.50 for the Chairperson
\$25.00 for the members

excess of five hours: Maximum per diem for:
regularly scheduled regional health authority meetings;
meetings other than regularly scheduled meetings;
committee meetings;
conferences or government initiated meetings; and
attendance at meetings authorized by the RHA.

Less than five hours: The amount to be paid is determined by multiplying the respective hourly rate by the number of full hours spent at the meeting for:
regularly scheduled regional health authority meetings;
meetings other than regularly scheduled meetings;
committee meetings;
conferences or government initiated meetings; and
attendance at meetings authorized by the RHA.

³ Travel Time:

Calculation: Amount to be paid is determined by multiplying the respective hourly rate by actual travel time to a maximum of two times the per diem rate.

When to use: Maximum per diem for:
regularly scheduled regional health authority meetings;
meetings other than regularly scheduled meetings;
committee meetings;
conferences or government initiated meetings; and
attendance at meetings authorized by the RHA.

⁴ Travel and Sustenance: Expenses incurred in the performance of their duties and in accordance with the rates approved under *The Public Services Act, 1998*.

⁵ Other Expenses: Expenses for conference registrations and other actual expenses incurred in the performance of authorized RHA related duties the RHA considers reasonable - amount supported by receipt.

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2014

Senior Employees	2014					2013		
	Salaries ¹	Benefits and Allowances ²	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances ^{1,2}	Severance	Total
Cheryl Craig, CEO	\$ 337,740	\$ 5,992	\$ 343,732	\$ -	\$ 343,732	\$ 363,486	\$ -	\$ 363,486
Craig Beesley, Exec Dir ³	-	-	-	-	-	7,386	-	7,386
Stuart Cunningham, Exec Dir	159,180	-	159,180	-	159,180	139,368	-	139,368
Kyle Matthies, Exec Dir ⁴	58,853	-	58,853	-	58,853	-	-	-
Wayne Blazieko, Exec Dir & CFO	201,740	-	201,740	-	201,740	204,115	-	204,115
Dr. Mark Vooght, MHO	252,617	-	252,617	-	252,617	267,781	-	267,781
Terry Hutchinson, Exec Dir	149,889	-	149,889	-	149,889	163,403	-	163,403
Dianne Ferguson, Exec Dir	158,161	-	158,161	-	158,161	131,452	-	131,452
Dr. Fauzi Ramadan, Med Director ⁵	251,745	-	251,745	-	251,745	314,259	-	314,259
John Liguori, Exec Dir	158,301	-	158,301	-	158,301	186,814	-	186,814
Launie Albinet, Exec Dir	191,074	-	191,074	-	191,074	175,689	-	175,689
Gilbert Linklater, Exec Dir	197,661	-	197,661	-	197,661	187,267	-	187,267
James Allen, Exec Dir	146,187	-	146,187	-	146,187	122,186	-	122,186
Dr. Fred Wigmore, Interim Med Director ⁶	77,498	-	77,498	-	77,498	-	-	-
Total	\$ 2,340,646	\$ 5,992	\$ 2,346,638	\$ -	\$ 2,346,638	\$ 2,263,206	\$ -	\$ 2,263,206

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employees were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance pay is reflected in the year paid. Refer to Note 20 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

3. Terminated Jan 31, 2012.

4. member of senior management Oct 14, 2013

5. Contracted Medical Director resigned Jan 2014

6. Contracted Interim Medical Director Jan 2014

Payee List

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more.

Aasen, Dianne	\$	103,320	Bernhard, Deena	127,776
Ackerman, Linda		55,471	Berthelet, Robin	96,946
Adams, Cathy		53,740	Blazieko, Joann	103,480
Adrian, Shelly		73,012	Blazieko, Wayne	201,740
Albinet, Laurie		191,074	Bloch, Lisa Mari	60,323
Alderton, Cheryl		62,819	Bohlken, Dawn	60,247
Allen, James		146,972	Boire Teixeira, Louise	77,641
Allen, Thomas		101,632	Bonnett, Shawna	66,462
Alraum, Isolde		91,064	Booth, Mary Lee	109,737
Altwasser Bryant, Arla		92,506	Bourassa, Crystal	69,847
Amies, Michael		105,117	Bouvier, Coralee	81,741
Anderson, Logan		56,289	Bouvier, Laurie	67,197
Anderson, Lori		93,289	Box, Kimberley	57,981
Arens, Shannon		64,949	Boyczuk, Christine	91,064
Arseneau, Maureen		86,492	Brenner, Teresa	75,734
Avery, Kerry		51,039	Brinton, Peggy	89,196
Awad El Kariem, Dr. Sawsan		393,821	Brodziak, Shelby	89,743
Baillie, Dean		52,168	Bubyn, Barbara	51,051
Bain, Joy		100,170	Budd Wutke, Darla	94,822
Bakke, Krista		91,849	Buhler, Sherri	120,978
Balog, Kimberly		106,841	Bumphrey, Brenda	81,627
Barnie, Sandra		56,343	Burdzy, Abby	76,951
Barrett, Elizabeth		93,097	Burgess, Teryn	68,666
Bartzen, Della		67,482	Butlin, Barbara	68,799
Bastedo, J. Roger		100,467	Cairns, Myles	121,214
Batty, Kathy		79,339	Calvert, Joanne	63,327
Batty, Tanis		85,889	Cameron, Lindsey	73,202
Beatch, Melissa		76,919	Cameron, Marcy	70,270
Beaubien, Colette		90,902	Cameron, Wayne	53,112
Beauregard, Claude		59,234	Campbell, Nimone	87,277
Beausoleil Robb, Aline		64,142	Campbell, Patricia	71,686
Bechtold, Mike		55,082	Campbell, Shauna	96,481
Bellefeuille, Chelsey		73,405	Campbell, Wanda	74,389
Benallick, Mike		88,419	Campeau, Caroline	73,897
Bender, Blaine		60,376	Camphaug, Shawna	62,370
Bender, Karen		88,526	Caragata, Angela	50,774
Bengtson, Monica		78,059	Carretero, Dr. Antonio	277,996
Benoit, Ann		104,699	Carroll, Lee Anne	91,270
Benson, Lisa		87,787	Cayer, Janice	99,781
Berger, Shannon		61,557	Chaisson, Alfred	62,893
			Chaisson, Clara	59,589
			Chartrand, Lisa	95,343
			Chawla, Ajay	85,226
			Chawla, Kavita	72,854
			Clark, Carol	69,569

Clark, Kirsten	77,665	Entz, Vanessa	57,888
Cobb, Charlene	71,474	Erskine, Kimberly	98,974
Cochrane, Rod	100,121	Erwin, Dre	104,621
Cole, Brenda	72,178	Etches, Dr. Robert	403,020
Cole, Lorlee	67,539	Ferguson, Denille	70,078
Cooke, Liana	85,702	Ferguson, Dianne	158,697
Corman, Tess	77,669	Ferguson, James	68,286
Costley, Amber	58,191	Fernell, Karen	89,491
Costley, Jeremy	78,117	Ferraton, Tamara	73,357
Costley, Tara	51,116	Fieldgate, Catherine	104,700
Cox, Sheila	136,522	Filipowich, Kathleen	116,623
Craig, Cheryl	343,732	Firomski, Curtis	61,094
Craig, Heather	51,594	Fitzpatrick, Gail	56,380
Cristo, Janet	76,550	Fjeldberg, Rynae	107,121
Csada, Linda	59,628	Flegel, Deborah	102,925
Cunningham, Stuart	159,965	Flegel, Elaine	50,509
Dahl, Julie	50,152	Flegel, Karen	51,475
Dale, Madison	63,910	Fogal, Stacey	80,779
Dancey, Colleen	90,682	Forrest, Lois	127,485
Delbeck, Christina	55,099	Fowler, Sandra	61,235
Delorme, Alyssa	86,602	Fowler, Stephanie	53,995
Demassi, Kristy	81,024	Frank, Dianne	50,306
Dempster, Jessica	56,183	Frank, Gwenith	95,890
D'Entremont, Marc	70,258	Fraser, Dan	98,204
Deobald, Brenda	109,435	Froehlich, Deneen	97,291
Deringer, Gina	99,343	Froehlich, Kelly	82,235
Desautels, Beverly	106,399	Froehlich, R. Lynn	63,078
Dick Andres, Susan	70,740	Galenzoski, Shelley	51,285
Dick, Denise	114,291	Gallant, Donna	51,669
Dickson, Janet	50,987	Garinger, Jana	113,775
Doepker, Bernie	91,064	Gaucher, Adrien	107,406
Dombowsky, Eva	62,359	Gavel, Melissa	52,399
Donley, Teresa	103,325	Gee, Teresa	85,619
Dowling, Michelle	105,085	Gibbs, Lianna	57,082
Downey, Corrin	79,180	Gibson, Jennifer	93,998
Downton, Hayley	68,287	Gilbert, Chere	98,398
Dreger, Wanda	85,644	Gleim, Sandra	99,700
Dumoulin, Denine	69,499	Glover, Marcie	77,235
Duncan, Kerri Ann	66,592	Godin, Fairlie	70,672
Duzan, Nancy	61,962	Good, Laurie	119,333
Dyck, Diane	76,001	Godison, Melonie	94,480
Dyck, Michelle	92,196	Goud, Dan	97,466
Dykes, Donna	51,844	Grado, Derrick	65,173
Ebbett, Pamela	56,293	Graham, Crystal	70,563
Ellert, Clara	81,623	Gray, Deborah	99,893
Elson, Andrea	117,662	Green, Janice	81,477
Enebeli, Stanley	54,239	Griffin, Kathy	105,579
Engler, Kathryn	92,373	Griffiths, Ellen	69,286
Engstrom, Pamela	103,759	Grosenick, Margot	50,661
Ennest, Amanda	92,948	Gummeson, Phyllis	76,446

Hadley Cole, Rona	94,880	Jordison, Sharla	69,421
Hager, Brad	70,787	Juell, Jody	81,895
Hall, Tracey	65,745	Justason, Ave B.	87,499
Hallborg, Carla	77,626	Karst, Colin	92,111
Hallick, Deanna	66,053	Karst, Teresa	98,458
Hamm, Wrangler	53,543	Keen, Leanne	69,080
Hammer, Justin	55,848	Kell, Erin	66,348
Handley, Jane	50,430	Kergan, Guy	105,641
Hannah, Rae	64,308	Kindrachuk, Joye	78,152
Haque, Sameema	109,690	Kittler, Shelly	95,762
Hardy, Diane	76,690	Kitts, Lynn	72,202
Harkness, Teah	80,543	Klassen, Inge	94,450
Hasmatiali, Sheryl	106,414	Knapp, Glen	59,007
Hassler, Sandra	80,902	Knelsen, Sharon	78,863
Haukaas, Brenda	96,066	Knudson, Katherine	64,074
Hawkins, Meagan	70,864	Kowalski, Gwen	89,569
Hawley, Veronica	88,657	Kuffner, Janet	72,233
Heatcoat, Morgan	69,124	Kuhn, Joanne	77,901
Heath, Shari	50,727	Kuling, Lia	54,229
Heath, Stacey	92,846	Kusch, Sharla	59,199
Heilman, Heather	52,918	Kwan, Rhonda	81,684
Helland, Joanne	81,193	Lalonde, Janet	96,927
Hembroff, Connie	56,974	Lamarre, Ann	64,889
Hermanson, Starlene	67,242	Lambert, Colleen	92,632
Hewitt, Erin	65,419	Lamey, Vanessa	95,055
Hicks, Dorothy	61,451	Lamotte, Renee	101,805
Hobbins, Mary	53,584	Langdon, Karyn	113,421
Hoffman-Tetlock, Allyssia	63,164	Larmour, Brent	88,599
Hogeweide, Yingbo	70,649	Law, Linda	101,243
Hogg, Jolene	96,051	Le Courtois, Robin	99,801
Holovach, Lisa	52,315	Lehmann, Karen	76,767
Howick, David	55,082	Lewis, Shawna	91,758
Huber, Marvin	109,790	Li, Hong	70,871
Hudson, Allyson	110,514	Liguori, John	158,301
Hudson, Donna	96,878	Linklater, Bert	197,661
Humphries, Anne	50,292	Longworth, Linda	62,381
Hundeby, Janet	91,183	Loveridge, Janelle	66,061
Hutchinson, Jenifer	93,829	Lovick, Valerie	110,349
Hutchinson, Terry	150,674	Low, Bonnie	122,727
Ireland, Diane	104,423	Lowenberg, Candace	102,283
Isley, Karolayna	57,626	Ludke, Mona	84,155
Jacobs, Christa	63,974	Lukan, Keith	101,271
Jago, Terry	81,787	MacDiarmid, Joyce	105,846
Johnson, Allyson	74,064	Mackenzie, Dawnidell	70,877
Johnson, Amy	86,431	Mackie, Judy	67,285
Johnson, Cory	51,314	Macknak, Susan	88,492
Johnson, Cynthia	94,394	Macleod, Jocelyn	65,615
Johnson, Darren	103,801	Maddess, Helen	83,373
Johnson, Elaine	100,778	Malbeuf, Elaine	101,073
Johnson, Heather	104,788	Marciszyn, Anne	70,234

Martens, Sherry	62,664	Nicholson, Raelynn	66,609
Martyniuk, Bonita	112,786	Nicolson, Sharon	91,064
Matthies, Kyle	110,701	Nightingale, Janelle	75,989
Mattus, Donna	68,541	Nightingale, Laurianne	140,319
Maurer, Linda	99,828	Nikolic, Shelley	59,809
Mawson, Teri	69,195	Noreen Smith, Jana	61,256
Mazurkiewicz, Jaclyn	72,371	Noseworthy, Daisy	70,886
McCallum, Rhonda	87,263	Oen, Barb	65,423
McDavid, Cara	72,657	Ogle, Wanda	102,053
McDowell, Ashleigh	88,964	Oram, Dianne	82,389
McEwan, Cheryl	59,879	Orten, Chelbie	63,300
McFadden, Arin	80,902	Osemlak, Pauline	106,177
McFadden, Brandy	98,612	Oshowy, Haley	63,071
McGowan, Susan	77,680	Pagens, Carlie	62,620
McInnes, Maryellen	55,702	Palaschuk, Rhonda	66,453
McKenna, Joann	51,108	Palmer, Laurie	57,388
McKennitt, Shannon	73,494	Palting, Lilibeth	64,828
McLean, Tanya	69,179	Papic, Karen	62,772
McMaster, Rhonice	91,407	Pardy, Arlene	109,895
Medders, Steve	65,349	Parent, Nicole	51,305
Mellor, Sean	55,494	Parker, Lisa	107,837
Mercer, Tina	57,610	Paul, Connie	92,216
Merifield, Danielle	88,161	Paull, Elizabeth	104,352
Messner, Donna	74,630	Paulowicz, Jeffrey	76,235
Millar, Frances	77,432	Pearson, Shannon	72,107
Miller Moyse, Gwen	59,409	Pecusik, Catherine	105,832
Miller, Tamyé	83,336	Peesker, Stephanie	70,019
Milne, Shelley	58,173	Pennington, Debbie	53,506
Miskiman, Chad	111,532	Petersen, April	80,169
Molde, Helen	97,540	Petersen, Joanne	94,246
Molsberry, Marjorie	70,468	Peterson, E. Yvonne	113,160
Monea, Deborah	103,257	Peterson, Lance	82,349
Moore, Jean	94,660	Peterson, Serena	84,785
Moraleja, Ferdinand	92,168	Petford, Rhonda	89,392
Morland, Darlene	120,657	Petruic, Judy	70,121
Moulding, Donna	90,672	Philipation, Travis	94,981
Mulder, Gillian	66,007	Pierce Ryba, Taryn	79,721
Myers, Linda	94,167	Polos Fox, Shelley	61,563
Nameth, Alyson	50,986	Porras, Raphael	74,309
Nanowski, Terry	66,315	Pouteaux, Sarah	65,507
Neal, Sheila	75,177	Preston, Peggy	71,624
Neigel, Darcy	113,225	Priel, Selena	50,685
Neithercut, Kimberly	79,301	Prior, Angela	65,187
Nelson, Bonnie	99,071	Purdy, Karen	69,905
Nelson, Evelyn	78,353	Rader, Susan	51,288
Newans, Robin	100,594	Rafferty, Mary	72,196
Nganzo, Mariam	74,208	Raiwet, Sharon	59,968
Nguyen, Phuong Ha	69,820	Ramilo-Bayatan, Analea	64,903
Nicholls, Brenda	108,986	Ramphal, Christine	77,117
Nicholson, Lennord	69,947	Rasmussen, Raegan	59,434

Ray, Helene	52,318	Seip, Kim	94,787
Reaman, Viola	88,168	Seman, Edward	88,685
Reeve, Joan	68,944	Sereda, Dave	111,420
Reinhart, Sheila	86,820	Shiers, Mark	99,906
Richards, Tracy	72,523	Shirkey, Patti	91,639
Rigetti, Deborah	54,695	Shook, Darlene	81,335
Rivard, Wendy	72,160	Shular, Karey	61,502
Roach, Jyllian	80,976	Silzer, Sharon	93,616
Roach, Shelley	81,133	Simmons, Lorna	80,615
Robb, Donna	64,692	Sinclair, Juliet	96,856
Roberts, Christa	70,883	Sinclair, Rita	65,626
Robertson, Jackie	98,834	Sipra, Muhammad	77,028
Robertson, Kirby	82,444	Smith, Brenda	93,421
Robertson, Margaret	85,960	Smith, Brenda	82,931
Robinson, Bonnie	62,304	Smith, Jessica	62,217
Robinson, Nicole	56,134	Smith, Shelley	94,984
Rogers, Alana	79,632	Sowden, Amanda	57,980
Rollie, Wendy	85,738	Sparks, Debbie	75,602
Rommelaere, Leanne	57,177	Spence, Laura	76,817
Rossler, Katherine	60,944	Spies, Darcy	54,363
Roy, Rebecca	50,381	Stabell, Susan	73,287
Ruben Riak, Moses	52,082	Stadnyk, Pamela	62,247
Rumancik, Peter	70,924	Stapor, Paul	74,057
Runzer, Sandra	69,720	Statham, Cheri	96,262
Rusnak Weekes, Nicole	66,616	Steel, Brenda	95,726
Rust, Johanne	110,116	Stenerson, Wade	66,303
Rusu, Troy	76,060	Stephenson, Wanda	55,085
Rutherford, Judy	58,250	Stevens, Debra	50,344
Ryan, Beverley	88,367	Stevenson, Nadine	86,680
Ryerson, Ellen	52,283	Stewart, Cathy	100,342
Saladana, Rita	78,999	Stewart, Shannon	78,462
Salido, Deign	99,599	Strange, Debra	56,231
Salido, Joanne	53,071	Straub, Jacquelin	108,421
Sanden, Wendy	116,653	Striha, Lynn	96,343
Sanderson, Lois	64,256	Sullivan, Maureen	98,802
Savage, June	101,961	Svingen, Louise	69,136
Schaffer, Larai	67,701	Swanson, Kerry	74,595
Schellenberg, Tara	53,887	Switzer, Betty	102,785
Schellenberg, Wayne	94,573	Szuch, Shantelle	89,900
Schick, Joyce	63,920	Tallon Dyck, Holly	70,511
Schindelka, Danaka	71,974	Taylor, Lisa	69,381
Schmidt, Kurtis	79,294	Taylor, Melissa	62,443
Schmidt, Marcie	93,275	Tendler, Cathy	65,713
Schnare, Gwen	83,285	Terry, Ernest	87,564
Schutte, Greg	103,631	Theede, Maryanne	56,200
Schuweiler, Margaret	53,883	Thiry, Barbara	63,094
Scott, Deborah	111,470	Thul, Georgia	114,266
Segall, Heather	106,470	Thul, Louise	106,856
Segall, Kelsey	91,279	Tiffen, Monique	79,808
Seiferling, Michael	73,260	Tipper, Lisa	95,340

Tomaszewski, Tannis	64,807	Wilson, Jackie	85,248
Traves, Breanna	76,371	Wilson, Jolene	66,227
Truscott, Mika	64,304	Wilson, Karen	64,627
Trusty, Alice	102,919	Winter, David	116,608
Tysdal, Elizabeth	63,312	Wittal, Gerrilynn	108,336
Ursan, James	59,156	Wolfe, Bailey	69,899
Vaessen, Leisa	101,335	Wolfe, Jacquelin	100,973
Van Wyk, Deborah	50,375	Woloschuk Connor, Laurie	88,017
Vargo, Regan	56,560	Wong, Gail	65,096
Vatamaniuk, Lisa	66,612	Wood, Darcy	68,789
Veluthedath Anda, Roshan	88,289	Woodley, Lee Anne	64,692
Vooght, Dr. Mark	252,845	Work, Jodi	70,841
Vreeken, Natalie	63,917	Wozniak, Yvonne	99,843
Waldenberger, Shelley	79,784	Yaschuk, Kerry	91,676
Waldenberger, Vanessa	96,896	Young, Vanessa	120,710
Walters, Lucille	50,614	Zelada, Gabriela	77,559
Walz, Jason	78,612	Zelaya, Karina	52,263
Wanner, Brian	74,849	Payees less than \$50,000	25,737,328
Ward, Brianna	50,866	Total	\$ 70,710,032
Ward, Cheryl	95,688		
Warken, Melanie	76,308		
Warner, Tamara	64,750		
Warren, Dianne	55,043		
Waselenko, Julie	67,546		
Wasylenka, Dixie	106,137		
Watson, Donna	82,050		
Watteyne, Kristie	91,093		
Weber, Nicole	76,751		
Wedel, Katrina	71,256		
Weese, Jenna	90,515		
Westgard, Jennifer	74,303		
White, Patricia	73,622		
Wicharuk, Judy	110,400		
Williamson, Karen	98,305		
Willatt, Linda	90,133		
Williams, Kathryn	84,937		
Williams, Shannon	74,311		
Willis, Megan	97,535		
Wilson, Deidre	51,386		

Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more:

Extendicare	\$ 6,764,364
Hutch Ambulance Service Inc.	641,920
Individualized Home Care Funding	342,290
Moose Jaw & District EMS	1,959,063
Providence Place	14,671,823
Riverside Mission Inc.	60,425
Salvation Army	156,676
St Joseph's EMS Gravelbourg	323,303
St Joseph's Hospital Gravelbourg	5,372,476
Thunder Creek Rehab. Assoc. Inc.	2,017,043
Total	\$ 32,309,383

Suppliers

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

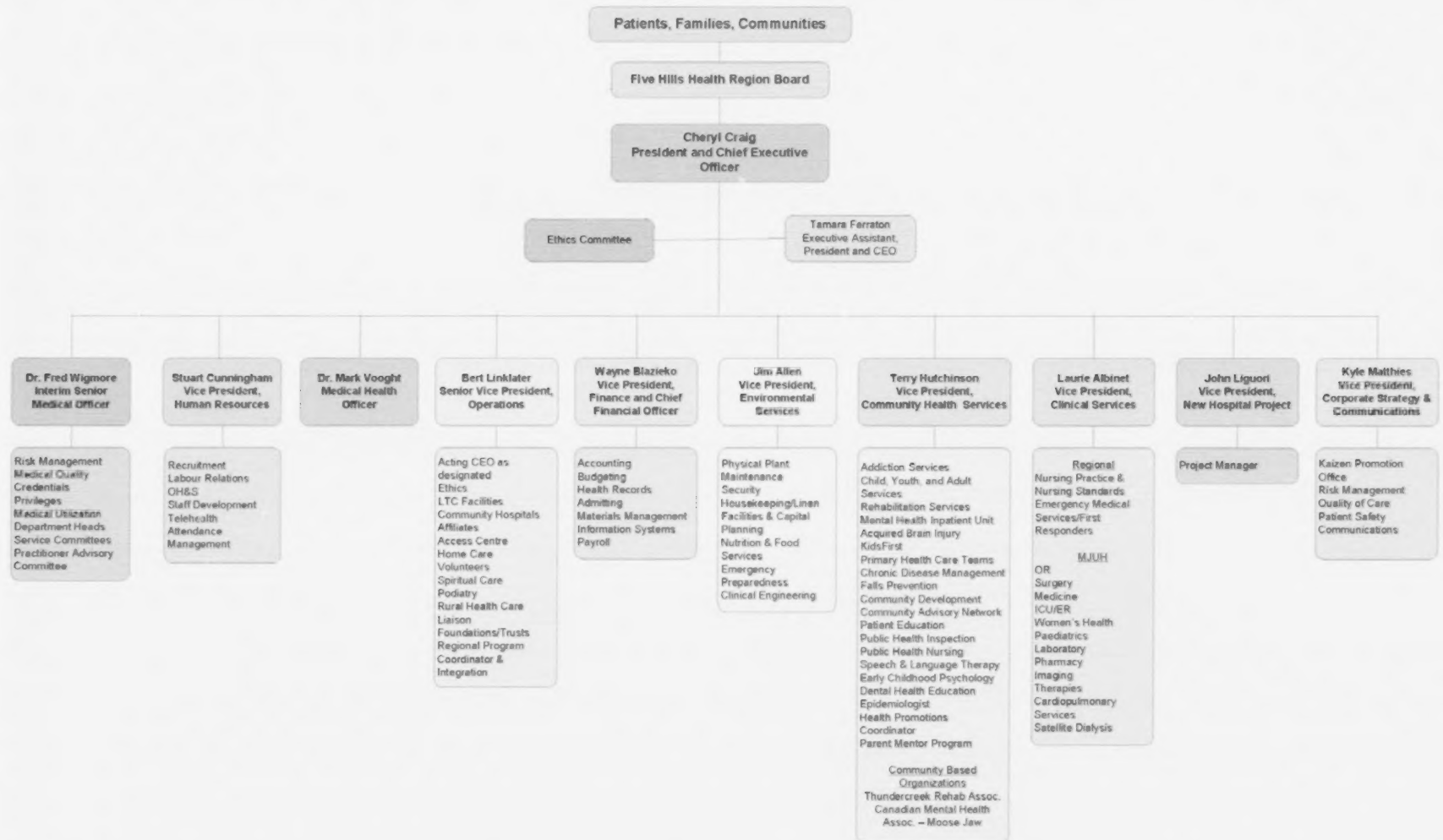
3S Health	\$ 4,914,934
Abbott Laboratories Ltd.	364,345
Abbvie Corporation	53,803
Acorvia Medical Prof. Corp.	357,548
Advanced Electronic Solutions	81,492
AECOM Canada Limited	128,219
Afolabi, Dr. Wale Medical Prof. Corp.	382,606
Agile Walls Inc.	172,972
Ahmad, Dr. M. Medical Prof. Corp.	578,513
Alberts Medical PC Inc, Martin	434,857
Alcon Canada Inc.	231,740
All Sask Coffee Services Ltd.	58,704
All-Pro Environmental Contract	62,783
AMT Electrosurgery Inc.	91,559
Arjo Huntleigh	331,881
Automed Technologies Canada	160,633
Bard Canada Inc.	103,208
Baxter Corporation	118,220
Beckman Coulter Canada LP	147,779
Bersch & Associates Ltd.	86,746
Best, Dr. James Prof. Medical Corp.	470,593
Biomerieux Canada Inc.	106,370
Bio-Rad Lab(Canada) Ltd.	60,656
Bracco Imaging	65,310
Bunzl Canada	73,410
C&E Mechanical Inc.	268,733

Cadili, Dr. Ali	57,589
Cardinal Health	540,024
Caretek Integrated Business Solutions	60,261
Caroline Webster Consulting	65,576
CDW Canada Inc.	116,658
Chambers Consulting, David F.	61,829
Cheddie, Dr. Nishaan	61,923
Christie Innomed Inc.	85,183
Circa Office Interiors	53,487
City Of Moose Jaw	212,381
CPDN 3130827 Canada Inc.	339,126
CU Credit Mastercard	193,564
Cypress Paving Ltd.	75,577
Dejager, Dr. Nico C.	75,674
Deleon, Dr. Ernesto L.	68,155
Devenney Group Ltd, Architects	67,012
Dutoit, Awie Radiology Prof. Corp.	985,317
Ecolab Ltd.	108,970
Eecol Electric Corp.	109,287
Ehealth Saskatchewan	200,926
Enterprise Rent-A-Car	58,487
Extendicare	70,568
Fisher Scientific	54,058
Ganesan, Dr. Arun	82,725
Geanel Restaurant Supplies	52,224
General Electric Canada Inc.	71,444
Geyer, Willem Medical Prof. Corp.	66,063
Golden Opportunities Fund	62,221
Graham Design Builders LP	28,858,784
Graham/Boldt Constructors A JV	3,081,687
Grand & Toy	239,757
Great West Life Assurance Co.	520,301
Guirguis Medical Prof. Corp., Dr.	62,461
Hassan Medical Prof. Corp., Dr. Ziauddin	641,872
Health Sciences Assoc. Of Sask.	96,669
Healthcare Insurance Reciprocal	183,337
Hetherington Medical Prof. Corp., Dr. Kerri	287,749
Hospira Healthcare Corp.	513,048
Instrumentation Laboratory	61,622
Ishwarlall, Dr. Sujay	376,416
Johnson & Johnson Medical	359,156
Johnson Controls Ltd #C3039	62,407
Johnson, Kathy	52,500
Kap City Construction Ltd.	215,769
Karam, Dr. Elie	274,053
KCI Medical Canada	67,883
Khalil, Dr. Akram Aziz	52,910
KM Burgess Agencies Ltd.	72,440

Linvatec Canada	336,623
London Life	67,055
Louw Med. Prof. Corp., Dr. Alexander F. Majid, Dr. Falah Saleh	426,860
Malek, Dr. Amal Makram Abdel	51,185
Maquet-Dynamed Inc.	52,910
	70,161
Maree, Dr. Narinda Medical Prof. Corp.	341,092
Marsh Canada Limited	114,367
Marx Medical Prof. Corp.	335,453
McDougall Gauley LLP	68,447
Mckesson Canada	506,909
Mckesson Distribution Partner	321,494
Miller, Dr George Medical Prof. Corp.	60,570
Minister Of Finance	514,659
Moose Jaw City Square Mall	63,098
Moose Jaw YMCA	61,559
Moyosore Medical Professional Corp.	431,256
Olympus Canada Inc.	73,077
Oyenubi, Dr. Abimbola	358,364
Pentax	93,751
Philips Electronics Ltd.	311,007
Prairie Janitorial Supply	61,431
Prairie Meats	69,650
Prairie Mobile Communications	58,182
Prairie Schooner	72,147
Public Employees Pension Plan	191,174
QHR Technologies Inc.	84,531
Ramadan, Dr. Fauzi Medical Prof. Corp.	311,834
Rana-Medical	71,077
Receiver General For Canada	23,546,837
Regina Qu'Appelle Health Region	82,001
Retief, Dr. Leon	171,427
Rodwan, Dr. Kahled	55,416
Rodwan, Dr. Omar	66,021
Roof Management & Inspection Services Ltd.	67,755
Saeed, Dr. Sabir	199,558
SAHO Dental Plan	74,408
SAHO DIP	139,436
SAHO Extended Health & Dental	150,837
Salman, Dr. Anmar	219,118
Saputo Foods Limited	139,122
Sask Energy	548,207
Sask Power	1,189,704
Sask Registered Nurses Association	167,554
Sask Tel CMR	286,286
Sask Tel Mobility	125,434
Sask Workers' Compensation Board	1,216,670
Saskatoon Health Region	61,096

Saskworks Venture Fund Inc.	108,636
Schaan Healthcare Products Inc.	1,319,180
Security Patrol & Investigators	90,099
SEIU Local 299 Moose Jaw	608,057
Servall Canada Inc.	74,623
SHEPP	10,452,208
Shopper's Home Healthcare	59,841
Siemens Canada Limited	129,467
Soyege, Dr. Adeloye Medical PC	526,372
St Joseph's Hospital Gravelbourg	396,816
Stantec	3,117,802
Stationwala, Dr. Ata Podiatrist	184,962
Steris Canada Inc.	115,259
Stevens Company Limited	159,078
Stryker Canada Inc.	235,895
SUN Provincial	421,208
Suty Medical Imaging PC Ltd.	707,965
Sysco Food Services	1,287,297
Thunder Creek Rehab. Assoc. Inc.	161,864
Toshiba	99,891
Toshiba Business Solutions	66,134
Trane	151,571
Tyco Healthcare Group Canada	523,788
Valley View Centre	996,500
Van Der Merwe, Dr. Schalk	211,508
Van Wyk, Dr. Gerrit Prof. Corp.	581,455
Vanden Broek Realty	55,299
Vanheerden Kruger, Dr. Johan	528,431
Vermaak, Dr. Jan	69,597
Vertue Medical PC Inc.	51,791
Vertue, Dr. Peter-John	299,100
Wigmore Md Medical Prof. Corp., C.F.	124,140
Wood Wyant Inc.	119,945
Yusuf, Dr. Taiwo Medical Prof. Corp.	528,900
Zimmer Canada	293,850
Supplier Payments Under \$50,000	6,632,528
TOTAL	\$ 115,622,611

Appendix A Organizational Chart



Appendix B

Community Advisory Networks

Communities and organizations our Health Region currently interacts include, but are not limited to:

Assiniboia Civic Improvement Association	Kincaid & District Health Centre Board Inc.
Assiniboia Union Hospital Auxiliary	Lafleche District Health Foundation Inc.
Badlands Recreational Committee	Ludlow Trust
Briercrest College	Medical Advisory Committee
Canadian Cancer Society	Metis Nation
Canadian Diabetes Association	Moose Jaw & District Senior Citizens Association
Cayer Trust (Willow Bunch)	Moose Jaw and District Interagency Committee
Central Butte and District Foundation	Moose Jaw Families for Change
Central Butte Union Hospital Auxiliary	Moose Jaw Health Foundation
Child Action Committee (Moose Jaw)	Moose Jaw Mental Health Housing Committee
Child Action Group (Assiniboia)	Moose Jaw Union Hospital Auxiliary
Child and Youth Interagency Committee	Mossbank Trust
Cosmo Senior Citizen's Centre	Municipal Governments
Craik and District Foundation	Pioneer Lodge Assiniboia Auxiliary
Craik Auxiliary	Prairie South School Division No. 210
Department of National Defense 15 Wing	Regency Hospital Auxiliary
Division scolaire francophone 310	Regional Economic Development Authorities –
Elbow Auxiliary	Moose Jaw, Assiniboia, Red Coat
Emergency Measures Organizations	Regional Intersectoral Committee
Emergency Response Planning Committee	Ross Payant Nursing Home Auxiliary
Eyebrow Auxiliary	SIAS - Palliser Campus
File Hills Tribal Council	South Central Recreation and Parks Association
Food Security Network	South Country Health Care Foundation
Grasslands Trust Fund Corp.	Thunder Creek Rehabilitation Association
Grasslands Health Centre Auxiliary	Transition House
Holy Trinity Roman Catholic Separate School	Tugaske Auxiliary
Division No. 22	Unions
Housing Authorities	Valley View Centre
John Howard Society	